

The background of the slide is a dark blue image showing a crowd of people with their hands raised, suggesting a public event or a gesture of support. The image is slightly out of focus, emphasizing the text in the foreground.

Monitoring the Impact of Medicaid Savings Initiatives and Program Reductions for South Carolina Department of Health and Human Services

Laurel Eddins, Senior Consultant
South Carolina Department of Health and
Human Services
27 January 2012

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STATE DOCUMENTS

In state fiscal year 2011, the South Carolina Department of Health and Human Services (SCDHHS) was facing a budget deficit. The agency had to request additional funding from the legislature to continue the Medicaid program. As a result of the request, SCDHHS was granted an additional \$222,452,086 million in state general funds. The funding saved the Medicaid program in fiscal year 2011, but not without increased scrutiny. New leadership had to assure the legislature, and our Governor, that the agency would not find itself in a deficit situation again. Provisos were submitted into law that increased the reporting the agency was required to perform in state fiscal year 2012. New administration supported all opportunities for increased accountability, not only with financial measurement, but for agency wide initiatives and processes.

Proviso 21.48 imposed new requirements upon the agency to increase reporting to a quarterly basis and expand existing transparency reporting to include county level statistics on providers, beneficiaries and expenditures at multiple levels. The proviso can be found on the state budget office website and it reads as follows:

“21.48 (DHHS: Medicaid Reporting) Within ninety days of the end of each quarter in Fiscal Year 2011-2012, the department shall report each cost-savings measure implemented. By county, the department shall report the number of enrolled and active providers by provider type, provider specialty and sub-specialty, the number of recipients, the number of recipients by provider type, the expenditures by provider type and specialty, and service level utilization trends. The department shall continue to annually report HEDIS measures, noting where measures improve or decline. Each report shall be submitted to the Chairman of the Senate Finance Committee, the Chairman of the Ways and Means Committee, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives, and be prominently displayed on the department's website.”

Several challenges of complying with the proviso included the time period and turn around requirements, the ability to report on the savings of each cost savings measure

implemented, the level of detail specified, the breakout of provider sub-specialists, and the understanding what service level utilization trends were expected. The largest issue that had to be addressed by the agency was the fact that there was no mechanism in place to track savings at the granular level required by the proviso. The agency's Reimbursement Assessment and Targeted Efforts (RATE) team had done a great job of working with providers and stakeholders to carefully detail the reductions planned or implemented. Until the proviso, the agency had planned to monitor savings by service level expenditures only. To establish reporting at the needed level, it was apparent the data sets had to be reorganized and new parameters established to measure any percentage increase or decrease as a result of the cost containment strategies the agency embarked upon to relieve the budget crisis.

The agency leadership quickly realized there was an immediate need to develop a new process that would allow for identification and monitoring of multiple initiatives. The process would also have to measure if the initiatives were producing desired savings. Internal goals of the agency supported the proviso, in addition to other internal tracking tools, which made this initiative a top priority for leadership. Fortunately, there were templates in place that could be adjusted to satisfy the majority of the requirements in the middle of the proviso. The last part of the proviso codifies activities already underway with regard to reporting Healthcare Effectiveness Data and Information Set, also known as HEDIS measures. We currently partner with the University of South Carolina Institute for Families in Society to comply with the completion of the Healthcare Effectiveness Data and Information Set (HEDIS) reporting.

The planning for completing proviso 21.48 began in July of 2011, which was very soon after the start of the state fiscal year. A small team, called the collaboration group, came together to discuss and plan the response to proviso 21.48 consisting of representatives from the finance

areas, reporting area, and legislative affairs and communications area. Other areas would be called upon as needed to work with the collaboration group. The lead of this project was Laurel Eddins, Senior Consultant and leader of the Office of Reporting Research and Special Projects (ORRSP).

The initial brainstorming from the collaboration group focused primarily on the problem at hand which was how to create a report or model that would address the first sentence in the proviso question surrounding the cost containment initiatives that the agency identified and implemented. The group also focused on the creation of a timeline, a flow chart of a proposed solution for tracking savings provided by ORRSP, stakeholder and resource identification, meeting schedules, completion targets, and a mock-up model concept during the first meeting. The group wanted the opportunity for the results of the savings initiatives to provide the agency a report or tool that would be easily explainable, understood and transparent to all. Recognizing that before the project could ever be considered completed, it was important that the set of reports used to generate the savings analysis should be flexible enough to allow the team to challenge, change, and enhance them as the process evolved.

The required reporting of the numbers of providers, beneficiaries and trends would be completed by the ORRSP and was not considered to be a major concern of the collaboration group because of the Medicaid county level reports on the website that displays detail by county. This existing process would need only slight modifications (see Appendix A). The Healthcare Business of Thomson Reuters is contracted to provide two analysts on site at the agency and function as a part of the ORRSP. The on-site analysts originally created the Medicaid county level data and had been maintaining the updates of the data. After review of the Medicaid county data by the group in the initial meeting, it was determined the county data was more

robust than the current requirements and could be scaled back to be in compliance. Review of internal reporting allowed the group to propose an existing report to satisfy the service level utilization trend report.

One of the first findings of the collaboration group was that existing internal reports produced were nonspecific and by in large aggregate without a great deal of specificity. Lacking the detail for cost drivers made it impossible to use existing measures to comply with the requirements of the proviso and the expectation of leadership. Although existing ad hoc reporting was flexible and capable of great detail, there was no coordination nor was there consistency in the ad hoc reporting that could be used to address the needs of the proviso.

The original plan to address the results of each cost saving initiative was to focus on the Medicaid paid claims and a series of utilization reports that would compare the baseline data to the actual expenditures. This concept would compare the results of the saving initiatives that had been implemented and realized during each given quarter to the forecast prepared prior to any reduction. We defined our baseline as the annual expenditure forecast prepared by Milliman, Inc., our actuarial firm, prior to the cost savings efforts being implemented (See Appendix B).

At that point in the plan, ORRSP would create reports from the ad hoc reporting tool, supplied through Thomson Reuters, which reconciled to actual expenditure reports for the quarter to the baseline. Those reports would have been organized into two sections: 1) Claims having dates of service prior to the implementation date; and 2) Claims having dates of service on or after the implementation date. These reports would be generated in the same fashion by provider type and specialty. By sorting the expenditure reports and the provider reports into sections that divide expenditures by date of service, we would have been able to provide a series of analytics which was once only reported on a paid basis and have the ability to report and

compare on an incurred basis. Cross walking the savings plans to the particular expenditure line or provider would allow the agency to compare and report by savings initiative. This data will be shared with our actuary firm to allow them to align it with the forecast they prepared for the agency in January 2011, thus resulting in the aggregate savings by service line.

Within a few days of thinking through and planning, it became clear that allowing the actuaries to update their forecast used as the baseline with actual data and compare the forecast to the actual experience could be the more accurate method for reporting on the savings initiatives. Milliman already provided the agency with updated expenditure forecasts that incorporated each savings measure. This presented the agency with a decision point regarding which method would be the most accurate and cost effective approach to complying with the proviso requirement. The actuarial model included changes in enrollment, population growth and acuity adjustments that the originally proposed more simple expenditure and provider reporting would not have been able to take into account.

On August 1st, meetings with the Interim Deputy Director of Finance and Administration and ORRSP sparked a conference call and further email correspondence used to flush the new concepts out with Milliman. These talks ultimately changed the original plans of what the proviso savings report should look like in its final form. The draft of visual aids to accompany the reports was shared with Milliman for feedback. This meeting, followed by a conference call on August 2nd with Milliman contacts, proved to be one of the most transformational moments in the process.

Ongoing correspondence with Milliman's actuaries identified other issues that would have minimal impact, but were important to resolve to ensure the most accurate comparison. Correspondence and collaboration with Milliman included topics such as modification of the

baseline forecast to reflect seasonal trends, confirmation of the implementation dates for savings initiatives placed into the model, and the eligibility trends. Impacts on the MCO, MHN and FFS environments were not considered on a quarterly basis in the existing forecasts. Collaboration surrounding drafts of the proposed savings model and how it should look as the final product were also discussed and shared with Milliman (See Appendix D). Upon review of the draft savings tracking model prepared by Milliman, ORRSP staff recommended it be the model of choice to the internal group.

The evaluation of the two options was discussed at length. Ultimately, the collaboration team felt it would be important to allow a third party to evaluate the options and provide feedback on the two methods. On site consultants, Alvarez and Marcel, hired to evaluate and improve our budgeting process, challenged the model produced by the actuaries. They evaluated the accuracy of the methods and the overall accountability and transparency the models would yield.

The Alvarez and Marcel team came to this conclusion and advised leadership that the level of detail that was a part of the actuarial model could not easily be duplicated and would be difficult for existing staff to understand and modify. The models prepared by the actuary already accounted for the claims payment lags that the Office of Reporting, Research and Special Projects would have had to manually adjust in their reporting. One of the more significant findings in our collaborative analysis was the accounting for population shifts between fee for service care and managed care within the agency. The actuary model had the ability to account for this shift and help assign costs or savings associated with the movement. Thus, they agreed with the recommendation of the ORRSP staff that the Milliman model was the superior product to satisfy this proviso.

After several internal meetings, carefully considering the complications of the proviso and the agency's desire to be transparent, it was determined using the actuarial model method was the most accurate and defensible method to address the results of each savings initiative. This was also the recommendation of the collaborative group. Before the decision was finalized, there was a management meeting for the top three levels of management to review the model compared to all available information and reporting available to the staff. During this meeting, a contact from Milliman came on-site to address any questions. Upon the conclusion of these meetings, the method, model and mock-up results were approved by all staff that participated. The evaluation methods utilized throughout this project by agency staff and consultants included the comparison of vetted expenditure reports, historical trend regressions, internal and contractor prepared expenditure and eligibility forecasts to the proposed Milliman model. The decision to have Milliman prepare the savings model to comply with the first section of the proviso report was finalized by the agency director at the conclusion of this meeting.

Report templates for the measurement of the criteria requested in the middle of the proviso, such as the county level reporting of providers, recipients, expenditures and trends were approved by the Interim Deputy Director of Finance and Administration to be created by the Office of Reporting, Research and Special Projects. This decision was upheld for ORRSP to continue to do the county level reporting because the area has established reports that would only need to be modified slightly to meet the specific requirements of the proviso. The modified due date for the drafts of this data was established to be the end of September 2011. The collaborative group determined the format of the data submissions would be done in PDF format and the Legislative Liaison for the agency would be responsible for ensuring the data was received by the parties listed in the proviso and posted on the agency website.

During August and September, collaboration with the actuaries and agency leadership led us to determine the importance of several factors that needed to be agreed upon by the group. These factors included methods by which the models, both the original model prepared for the agency and the model of the new data for comparison, had seasonality trends that would be important to the reporting and comparison of trends to actual data on a quarterly basis. ORRSP serves as the liaison for the agency to help with any reconciliation of data to Milliman. The historical data feeds allowed for the seasonality trend to be added to the model to better reflect the true savings during each quarter.

As soon as September data was updated into the system, around the middle of October, ORRSP prepared drafts of the county level reporting, provider level reports, and service level utilization reports. Small changes were recommended by the Interim Deputy Director of Finance and Administration and they were incorporated accordingly (see Appendix E). Continued communication with Milliman indicated the project was on target without expected delays. Milliman data is not updated as quickly as internal data because the information is passed to them in a different format that must be reconciled into their systems. Usually, there is a 30 day delay compared to the 10 to 15 day delay for internal reporting to be updated. Expected review of the model from Milliman would be early November according to the agreed upon deliverable dates.

Realizing the agency had allowed for cushion in the delivery target for the Milliman savings model, the delivery date was changed from early November to early December due to a conflicting priority. Our agency director requested Milliman work on another project for him to allow him to prepare for the upcoming legislative season which enhanced the agency's ability to understand and explain the pending federal health care reform legislation. The timeline delay

added pressure to ORRSP to vet the data produced by Milliman, but the new project monopolized their resources and they could not be worked on in tandem. It is standard for all data to be reconciled and vetted back through the ORRSP once Milliman has received and processed data to ensure no data corruption. The reconciliation process was able to continue while the other project was in progress which allowed for forward motion on the project. ORRSP as the lead on the project communicated the delays with the other internal stakeholders. This did not impact the due date for the proviso as the agency had planned on turning it in early.

The savings model created by Milliman was delivered along with a cover letter as promised on the first day of December. Small enhancements to the cover letter were made and the letter was finalized quickly. The review of the model was fortunately a quick process because of all the collaborative work throughout the process. At this time, the county and provider level reporting completed by the ORRSP was merged with the Milliman model and the completed HEDIS reporting done by the University of South Carolina Institute for Families in Society (see Appendix F).

After the collaborative group reviewed and recommended the data set for approval, the agency director took his opportunity to review the work prepared for proviso 21.48. The county level data created by ORRSP did not go through the same level of scrutiny as the cost savings models prepared by Milliman because it was a modification of an existing report that had already been vetted. Likewise, the latter part of the proviso requires an existing report created by the University of South Carolina to continue and that report has also already been vetted. After a couple of questions were addressed and footnote wording modification, the agency director approved the data to be submitted as the agency's response to proviso 21.48 on December 22nd.

Targets have been established to have Milliman provide their quarterly results 45 days after the end of each quarter from this point forward.

The Legislative Affairs and Communications leader was tasked with taking the final document in PDF form and ensure its delivery to the Chairman of the Senate Finance Committee, the Chairman of the Ways and Means Committee, the President Pro Tempore of the Senate, and the Speaker of the House of Representatives. After the forementioned individuals received the proviso response, it was posted on the agency's website at <http://www2.scdhhs.gov/reports-page/reports-statistics>. By December 30th, the agency had complied with all the requirements of proviso 21.48 and the new process had been created, implemented, tested, and posted.

In summary, this project was a success thanks to the thoughtful considerations of the collaboration group. The dedicated work of the agency's ORRSP staff, contract staff at Milliman and the research group at the University of South Carolina Institute for Families in Society made the proviso report a reality. The collaboration group used several written tools, including brainstorming, timelines, and flowcharts, to help them evaluate each step in the process. The unwritten tools are one area that should be highlighted as a key finding from this project. The importance of verbal communication was the one of the strongest tools used in the entire project. Looking back on the project, the collaboration group maintained verbal checklists and prioritization matrixes that were never formally documented. One of the problem-solving tools often used within the collaboration group was the "Plan-Do-Check-Act" process improvement model (Brassard & Ritter, The Memory Jogger, p.115). Even though it was not formally documented, these steps were often talked through aloud in the group interactions as we tested methods and reporting solutions.

Unlike other projects, the outcome was clearly stated. The group was able to focus on the method by which the outcome was accomplished. Comparing methods became the most important component of the project. Because the agency elected to have a contractor, Milliman, Inc., prepare the majority of the report that was nonpreexisting, the focus became ensuring they met their promised deliverables. Again, verbal communication became a key tool. In meetings totally unrelated to the proviso that the agency had with Milliman during the course of the project, the proviso savings report came up and status updates were exchanged. We as a collaboration group could have certainly done a better job of documenting these updates. The members of the group were all extraverted individuals. I realize that I would often walk to the other members to tell them our project updates instead of writing them in email or a more formal format.

I would recommend an electronic project site for future projects like the savings proviso. Our agency recently adopted SharePoint which is an internet based web site-like site that allows you to post word and excel documents, emails, power points, etc. There is also a new project planning and tracking tool that the agency is using. This project could have certainly utilized the electronic tools that have recently been made available. Even though it may not have changed the outcome of the project, I feel that the consistent structure provided through SharePoint using the project planning tools would be a benefit to the agency. A presentation completed by the newly formed Project Management Office outlines the new project management concept and can be found in Appendix G. The presentation shares screen prints of the SharePoint solution, project planning and tracking tools, and the project lifecycle.

The other recommendation for improving this project would be to have the Legislative Affairs and Communications group to reach out to the identified audiences for feedback on the

proviso report response. Feedback from the individuals that crafted the proviso would be highly beneficial for future enhancements of the proviso report response. Even though the process was challenged by internal staff and consultants, the feedback from the legislature would be extremely valuable. From previous experience, the likelihood of getting feedback is higher if someone is not satisfied or confused by the proviso report. As of the third week into January, there has been no feedback or questions resulting from the proviso response being posted.

In conclusion, the development of the proviso report response was a very challenging process that I have enjoyed working to accomplish. I greatly appreciate the assistance and challenges from the collaboration group that helped guide the project. Likewise, I am very grateful for the work performed by our contractors, Milliman, Inc. and the University of South Carolina Institute for Families in Society. For the efforts of the staff in the Office of Reporting, Research and Special Projects, including the on-site Thomson Reuters analytic consultants, I am most thankful. I am very fortunate to work with such a skilled team that is so willing to give their all for the many projects managed in the area each day.

Appendix A:

Savings Monitoring Project/Proviso Meeting Summary and Time Line,

Flowchart of Possible Solution,

Example of County and State Level Reporting

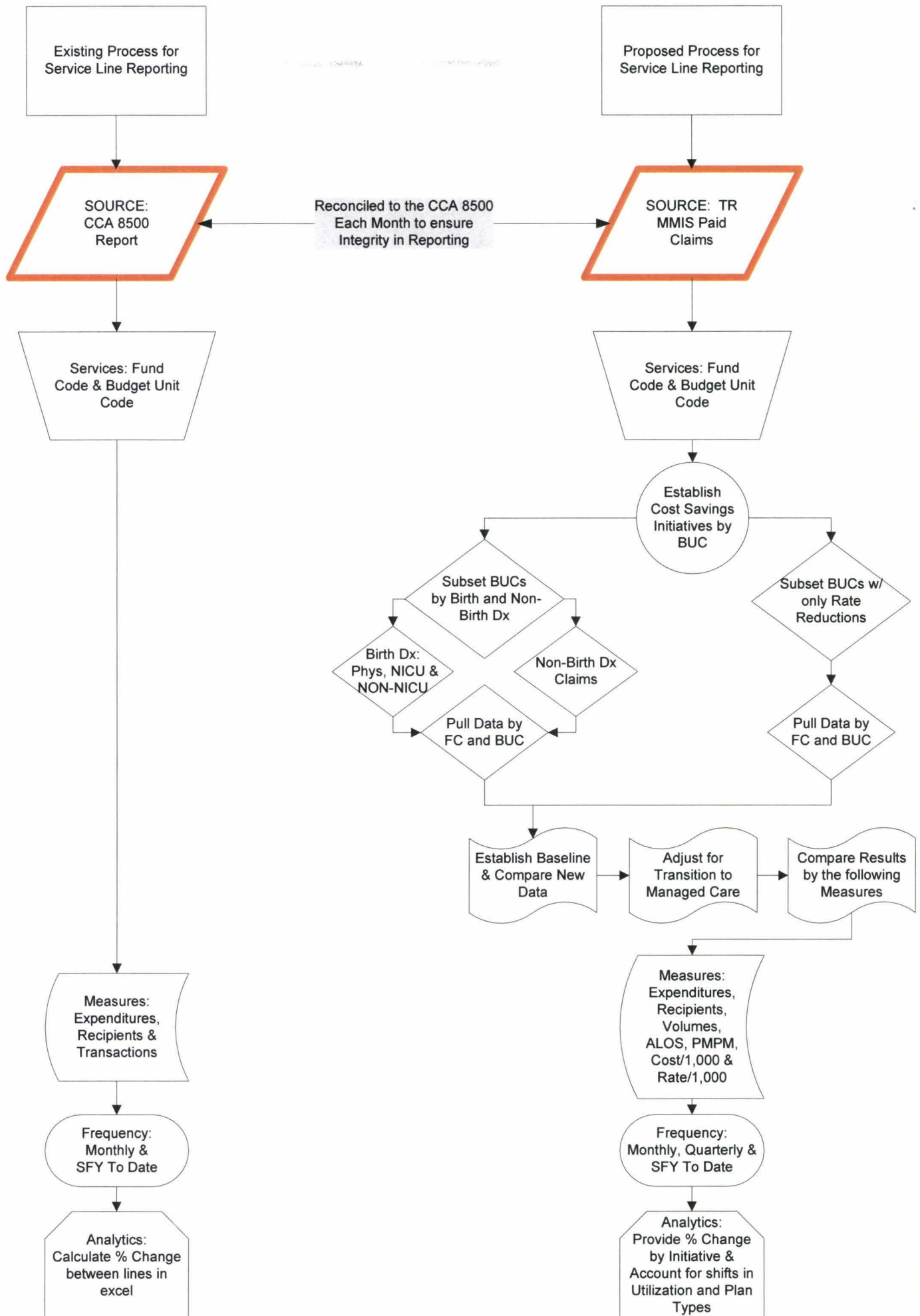
Savings Monitoring Project/Proviso Meeting Summary and Time Line

Summary Date: July 28, 2011

Meeting Attendees: Roy Hess, Bryan Kost, and Laurel Eddins

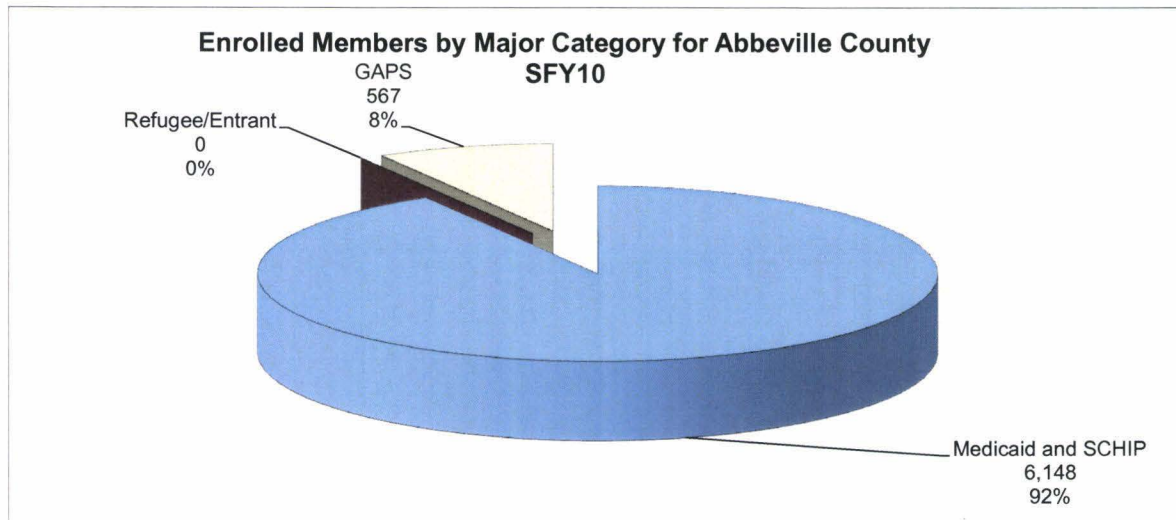
Discussion Points and Key Decisions:

- To Comply with Proviso 21.48, Laurel Eddins proposed a reporting solution and handed out a flow chart of a potential solution (attached) which would incorporate use of Thomson Reuters reporting compared to the baseline forecast prepared by Milliman, Inc. actuary firm.
- Group should meet weekly until plan is vetted and then meet as required to ensure implementation is underway and on target. Next meeting will be August 5th, 2011 to include Roy, Laurel and Milliman contacts. Laurel to coordinate meeting with Milliman and prepare discussions with stakeholders (Finance, RATE Team, Legislative Team, Deputies, and Director)
- Current targets:
 - Formalize process by 8/5 – Meet with Milliman
 - Set next meeting date after discussion with Milliman
 - Test reporting comparison back to Milliman's February 2011 Forecast (before cost containment initiatives) with Thomson reports pulled by Laurel by Oct 15th
 - Vet test reporting by Nov 1st and plan to rerun data with updated datasets by Nov 15th
 - Send for Executive review Nov 18th
 - Post to web by Dec 9th



County
level
example

Abbeville County Enrollment and Expenditure Data

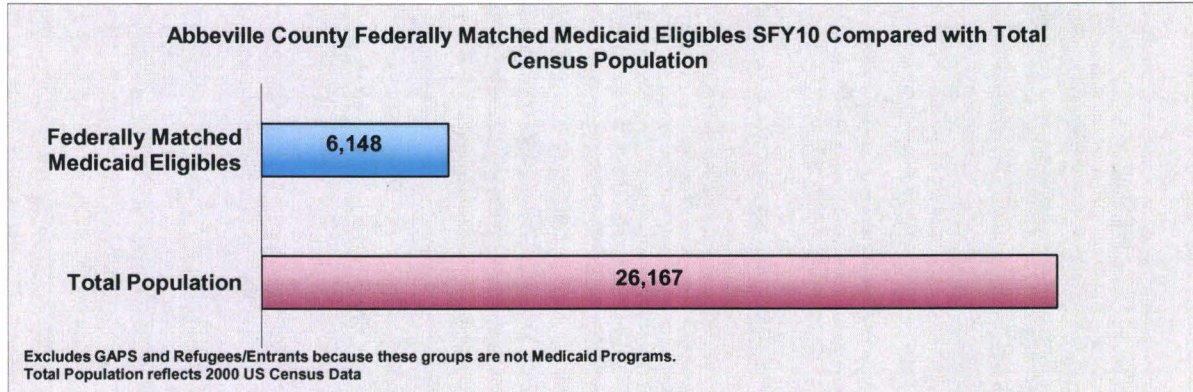


Total Federally Matched Medicaid Members for Abbeville County SFY10= 6,148

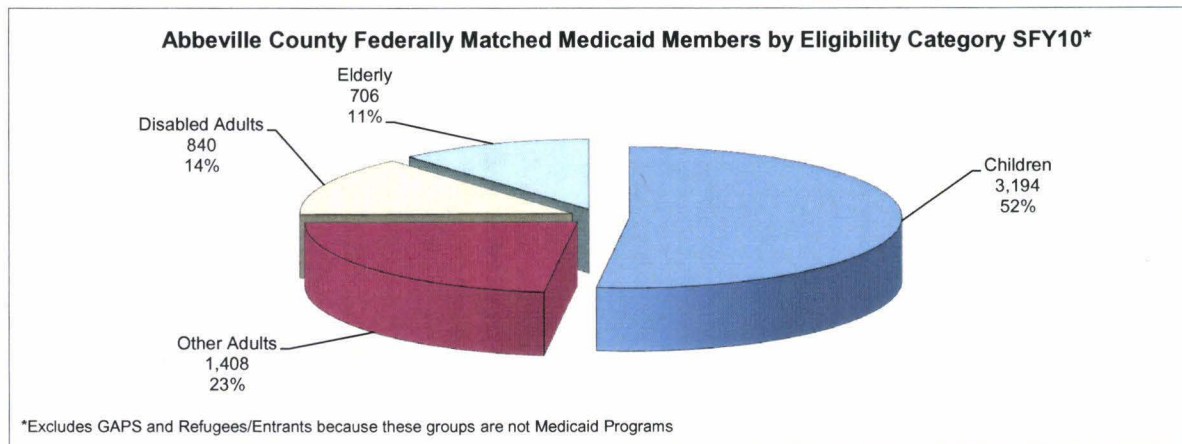
GAPS and Refugee/Entrant SFY10 = 567

Total Enrolled in Abbeville County SFY10 = 6,715

Updated October 2010



Federally Matched Medicaid Eligibles represent 23.5% of the Total Population

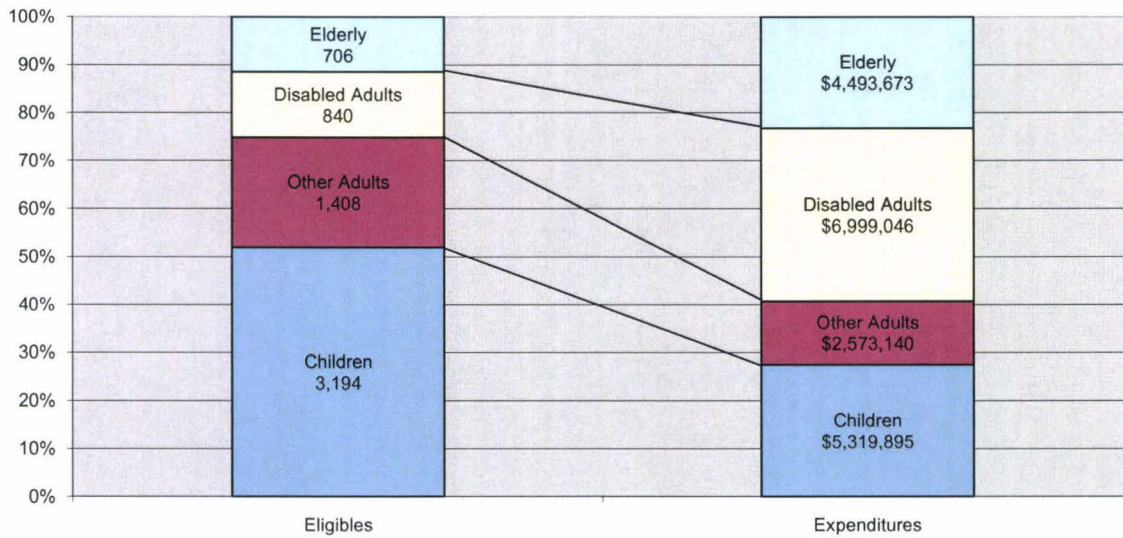


Abbeville County Federally Matched Medicaid Members

Children = 52%
 Non-Disabled Adults = 23%
 Disabled Adults = 14%
 Elderly = 11%

Updated October 2010

Federally Matched Medicaid Eligibles and Expenditures for Abbeville County SFY10*



*These numbers exclude Refugees/Entrants and GAPS

Total Federally Matched Medicaid Eligibles for Abbeville County SFY10 = 6,148

**Total Federally Matched Medicaid Expenditures for
Abbeville County SFY10 = \$19,385,753**

Updated October 2010

Abbeville County Provider Data by Specialty

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Abbeville County SFY10**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CHIROPRACTIC,CHIROPRACITOR	3	2	33	\$1,862.43
CLTC	1	1	70	\$81,845.50
DENTISTRY	4	3	298	\$133,523.79
DEVELOPMENTAL REHABILITATION	1	1	228	\$97,301.48
DHEC	1	1	223	\$25,801.97
DIABETES EDUCATOR	1	1	4	\$568.00
EMERGENCY MEDICINE	2	2	12	\$353.20
FAMILY PRACTICE	14	10	1,065	\$76,437.61
FEDERALLY QUALIFIED HEALTH CLI	1	1	185	\$38,162.21
INTERNAL MEDICINE	5	4	273	\$19,617.90
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NURSE PRACTITIONER	1	0	0	#N/A
OBSTETRICS AND GYNECOLOGY	1	0	0	#N/A
OPTOMETRY	2	1	163	\$14,982.57
PEDIATRICS	1	1	110	\$3,801.85
RADIOLOGY	1	1	435	\$15,032.70
RURAL HEALTH CLINICS (RHC)	2	2	930	\$171,087.58
SCDMH	1	0	0	#N/A
SED CHILDREN	1	0	0	#N/A
SURGERY, GENERAL	3	2	61	\$10,766.81
SURGERY, ORTHOPEDIC	3	2	262	\$45,563.84
SURGERY, UROLOGICAL	2	1	55	\$13,828.34
OTHER PROVIDER SPECIALTIES	71	31	2,076	\$4,765,951.99

Note: Data is based on fee for service paid claims including positive and negative adjustments, data excludes contractual transportation payments.

Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>

**Abbeville County SC Healthy Connections
(Managed Care) Data**

**Federally Matched Medicaid Members by Managed Care Organization Type for
Abbeville County, June 2010**

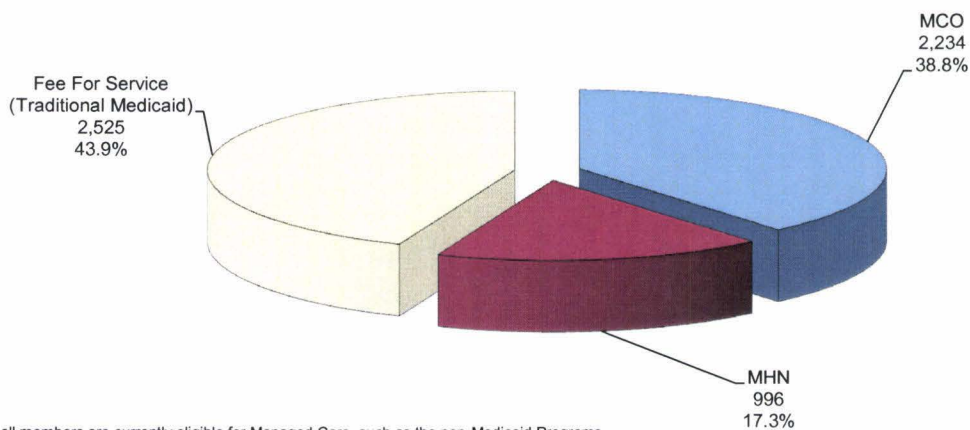
MCO Type	Members
Select Health of SC	1,802
Blue Choice	218
Unison	185
Absolute Total Care	29
Unique Count Total	2,234

**Federally Matched Medicaid Members by Medical Home Network Type for
Abbeville County, June 2010**

MHN Type	Members
South Carolina Solutions*	996

*South Carolina Solutions is the only active MHN as of May 1, 2008

Snapshot of Enrollment for Abbeville County for June 2010*



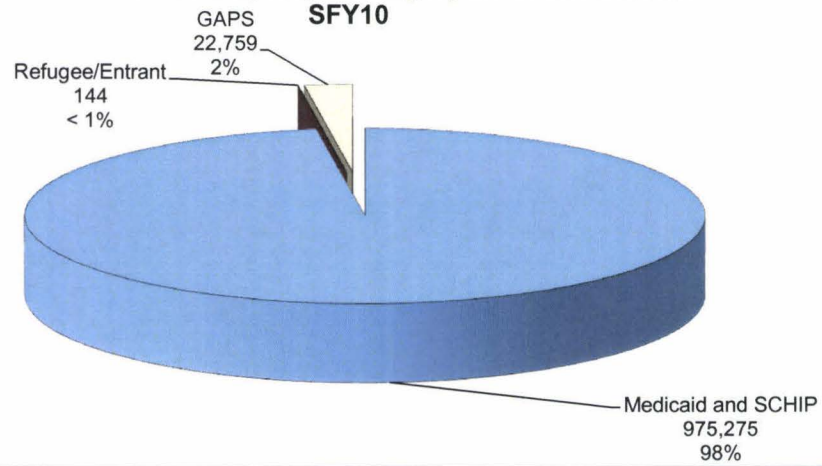
*Not all members are currently eligible for Managed Care, such as the non-Medicaid Programs

Updated October 2010

State
wide
example

South Carolina Enrollment and Expenditure Data

**Enrolled Members by Major Category for South Carolina
SFY10**

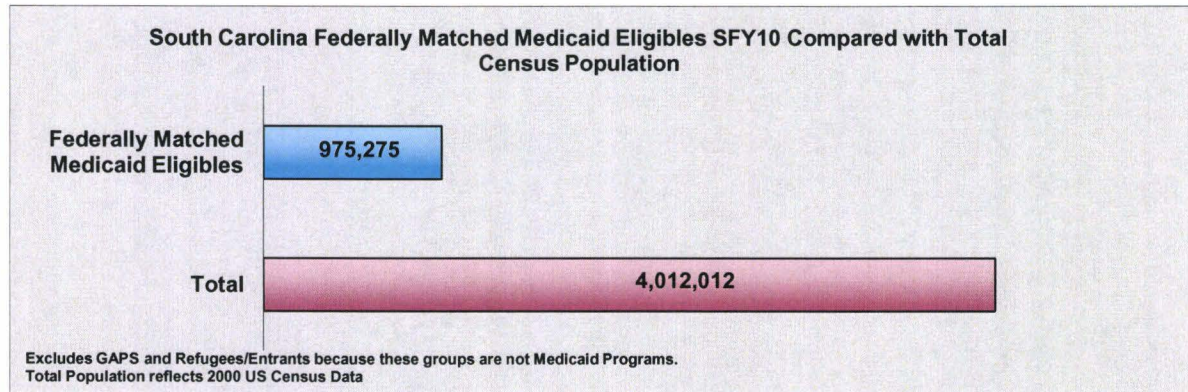


Total Federally Matched Medicaid Members for South Carolina SFY10 = 975,275

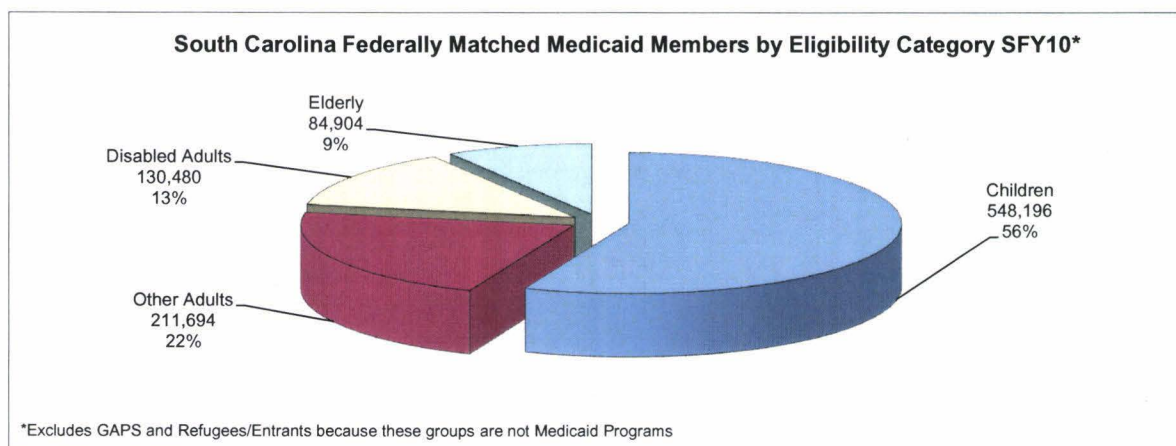
GAPS and Refugee/Entrant SFY10 = 22,903

Total Enrolled in South Carolina SFY10 = 998,179

Updated October 2010



Federally Matched Medicaid Eligibles represent 24.3% of the Total Population

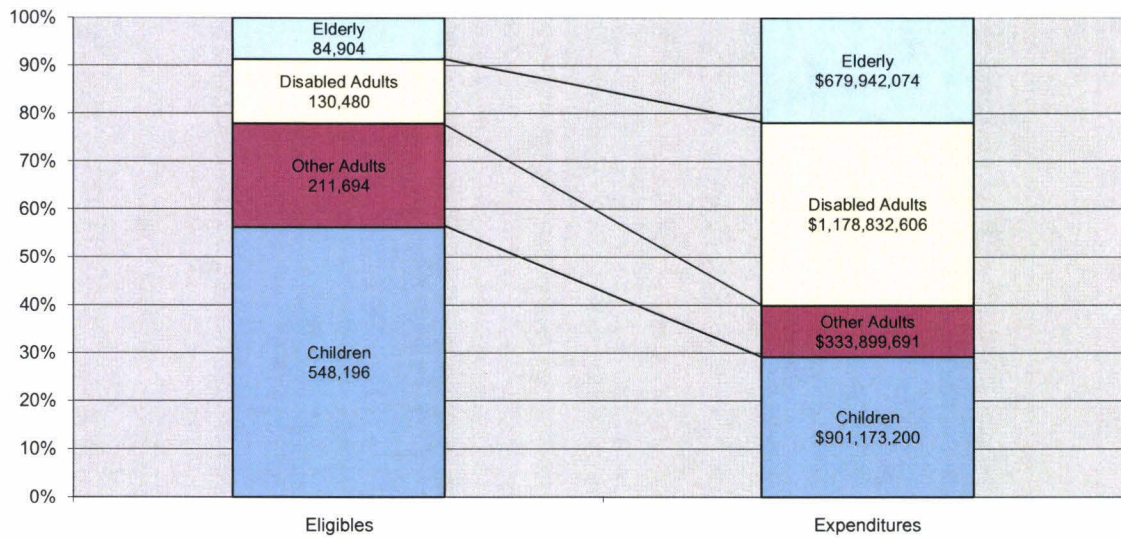


South Carolina Federally Matched Medicaid Members

Children = 56%
 Non-Disabled Adults = 22%
 Disabled Adults = 13%
 Elderly = 9%

Updated October 2010

**Federally Matched Medicaid Eligibles and Expenditures for South Carolina
SFY10***



*These numbers exclude Refugees/Entrants and GAPS

Total Federally Matched Medicaid Eligibles for South Carolina SFY10 = 975,275

**Total Federally Matched Medicaid Expenditures for
South Carolina SFY10 = \$3,093,847,571**

South Carolina Provider Data by Specialty

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina SFY10**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & DRUG ABUSE	36	35	4,995	\$6,002,305.09
ALLERGY AND IMMUNOLOGY	112	62	4,950	\$1,921,408.70
AMBULATORY SURGERY	81	74	5,019	\$2,376,288.07
ANESTHESIOLOGY	1,375	713	39,767	\$7,201,055.39
AUDIOLOGY	93	54	1,887	\$453,217.30
CARDIOVASCULAR DISEASES	726	442	32,587	\$4,447,370.89
CHIROPRACTIC, CHIROPRACTOR	746	333	3,263	\$388,083.30
CLTC	27	23	2,036	\$4,049,749.30
CORF	1	1	169	\$262,532.83
DENTISTRY	1,482	873	88,872	\$24,441,366.15
DERMATOLOGY	195	94	7,534	\$1,039,437.40
DEVELOPMENTAL REHABILITATION	121	113	47,255	\$25,801,823.83
DHEC	59	54	46,616	\$5,131,942.19
DIABETES EDUCATOR	58	25	501	\$35,246.87
EMERGENCY MEDICINE	1,799	967	105,902	\$13,079,940.34
ENDOCRINOLOGY AND METAB.	126	60	2,682	\$423,496.36
ENDODONTISTS	23	15	231	\$113,004.63
FAMILY PLANNING, MATERNAL & CH	43	21	3,210	\$963,022.90
FAMILY PRACTICE	2,488	1,402	128,620	\$18,892,227.52
FEDERALLY QUALIFIED HEALTH CLI	61	54	43,577	\$13,237,242.19
GASTROENTEROLOGY	350	191	10,210	\$1,487,524.34
GENERAL PRACTICE	170	80	9,925	\$1,123,198.44
GERIATRICS	42	18	1,265	\$69,195.10
GYNECOLOGY	39	21	1,184	\$614,961.57
HEMATOLOGY	136	56	1,448	\$1,809,669.92
HOSPITAL PATHOLOGY	60	30	3,438	\$180,316.21
INDEPENDENT LAB - PRICING ONLY	0	1	1	\$0.00
INFECTIOUS DISEASES	142	71	3,582	\$649,207.59
INTERNAL MEDICINE	2,546	1,439	57,741	\$15,885,295.00
MENTAL RETARDATION	53	52	14,228	\$250,031,475.46
MIDWIFE	112	61	3,511	\$936,642.94
MULTIPLE SPECIALTY GROUP	281	4	4	\$0.00
NEONATOLOGY	101	35	642	\$539,028.91
NEPHROLOGY/ESRD	423	297	7,815	\$17,123,457.29
NEUROLOGY	426	210	14,301	\$3,015,675.44
NEUROPATHOLOGY	1	0	0	#N/A
NO SPECIFIC MEDICAL SPECIALTY	0	1	1	\$0.00
NUCLEAR MEDICINE	16	6	1,139	\$59,675.44
NURSE ANESTHETIST	1,994	1,298	26,895	\$2,994,172.09
NURSE PRACTITIONER	2,080	656	22,655	\$2,019,999.23
OBSTETRICS	15	10	1,995	\$449,479.42
OBSTETRICS AND GYNECOLOGY	1,147	625	58,771	\$28,615,876.87
OCCUPATIONAL MEDICINE	9	2	607	\$79,232.62
OCCUPATIONAL THERAPIST	357	219	2,569	\$4,194,335.74
ONCOLOGY	215	116	5,063	\$11,681,502.53
OPHTHALMOLOGY	659	323	26,881	\$2,756,173.53
OPTICIAN	39	15	19,942	\$837,986.28
OPTOMETRY	665	369	44,336	\$4,775,981.12
ORTHODONTICS	14	2	192	\$170,541.70
OSTEOPATHY	15	11	1,706	\$159,390.12
OTORHINOLARYNGOLOGY	299	163	12,873	\$3,095,239.01

Note: Data is based on fee for service paid claims including positive and negative adjustments, data excludes contractual transportation payments.

Updated October 2010

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina SFY10 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PATHOLOGY	333	184	28,691	\$1,540,777.36
PATHOLOGY, CLINICAL	117	39	3,753	\$183,250.48
PEDIATRIC SUBSPECIALIST	337	317	27,994	\$21,336,733.22
PEDIATRICS	1,814	876	90,088	\$22,246,376.31
PEDIATRICS, ALLERGY	11	4	543	\$77,595.40
PEDIATRICS, CARDIOLOGY	96	21	227	\$82,173.68
PEDODONTICS	113	59	15,742	\$4,249,202.00
PHYSICAL MED & REHAB	193	117	5,656	\$1,534,469.38
PHYSICAL/OCCUPATIONAL THERAPIS	720	325	2,845	\$3,613,351.20
PODIATRY	212	101	10,939	\$853,845.84
PSYCHIATRY	553	253	11,251	\$2,294,072.73
PSYCHIATRY, CHILD	76	43	1,949	\$461,396.06
PSYCHOLOGIST	216	62	1,196	\$830,569.58
PULMONARY MEDICINE	350	194	9,522	\$2,010,727.10
PVT MENTAL HEALTH	100	40	2,000	\$14,045,510.26
PERIODONTISTS	10	2	14	\$1,122.86
RADIOLOGY	511	252	59,150	\$3,402,269.25
RADIOLOGY, DIAGNOSTIC	899	466	82,715	\$4,594,972.39
RADIOLOGY, THERAPEUTIC	101	50	1,266	\$2,008,257.09
RHEUMATOLOGY	90	53	2,518	\$1,161,036.31
RURAL HEALTH CLINICS (RHC)	111	101	46,245	\$9,442,322.33
SCDMH	86	54	28,106	\$48,085,737.63
SED CHILDREN	26	15	1,646	\$6,551,013.06
SOCIAL WORKER	67	8	21	\$11,312.99
SPEECH THERAPIST	665	412	3,964	\$7,942,940.45
SURGERY, CARDIOVASCULAR	125	66	1,636	\$386,447.71
SURGERY, COLON AND RECTAL	37	20	332	\$62,067.18
SURGERY, GENERAL	941	469	21,730	\$4,883,922.01
SURGERY, NEUROLOGICAL	197	103	2,932	\$1,216,805.80
SURGERY, ORAL (DENTAL ONLY)	153	98	9,930	\$6,016,936.07
SURGERY, ORTHOPEDIC	835	459	20,188	\$4,285,874.41
SURGERY, PEDIATRIC	38	6	82	\$56,366.42
SURGERY, PLASTIC	155	67	1,451	\$698,339.58
SURGERY, THORACIC	92	38	877	\$280,738.29
SURGERY, UROLOGICAL	321	163	8,746	\$3,383,061.97
THERAPIST/MULT SPECIALTY GR	128	0	0	#N/A
OTHER PROVIDER SPECIALTIES	12,217	6,913	409,603	\$1,830,949,190.79

Note: Data is based on fee for service paid claims including positive and negative adjustments, data excludes contractual transportation payments.

Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>

Updated October 2010

**South Carolina SC Healthy Connections
(Managed Care) Data**

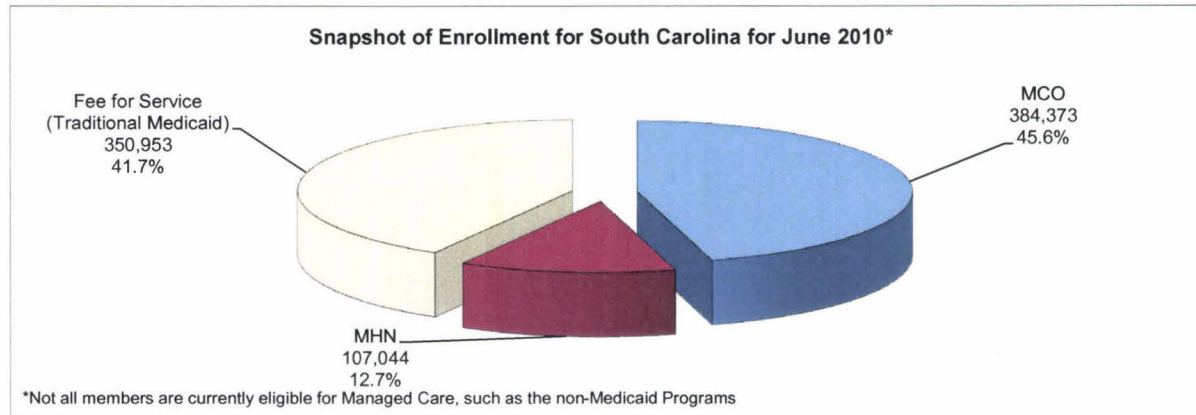
**Federally Matched Medicaid Members by Managed Care Organization Type for
South Carolina, June 2010**

MCO Type	Members
Select Health of SC	200,856
Unison	66,576
Absolute Total Care	92,418
Blue Choice	24,523
Unique Count Total	384,373

**Federally Matched Medicaid Members by Medical Home Network Type for
South Carolina, June 2010**

MHN Type	Members
South Carolina Solutions*	107,044

*South Carolina Solutions is the only active MHN as of May 1, 2008



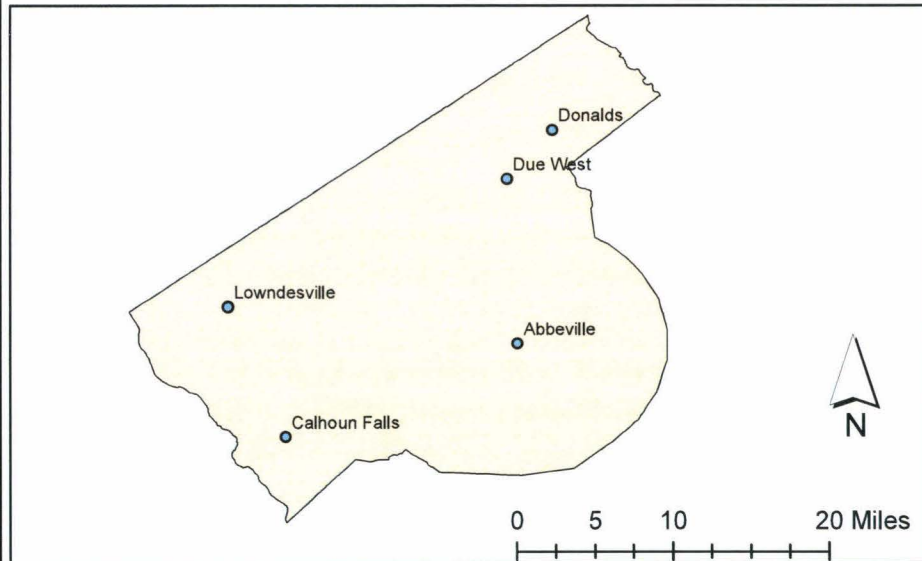
Updated October 2010

Abbeville County House and Senate Districts

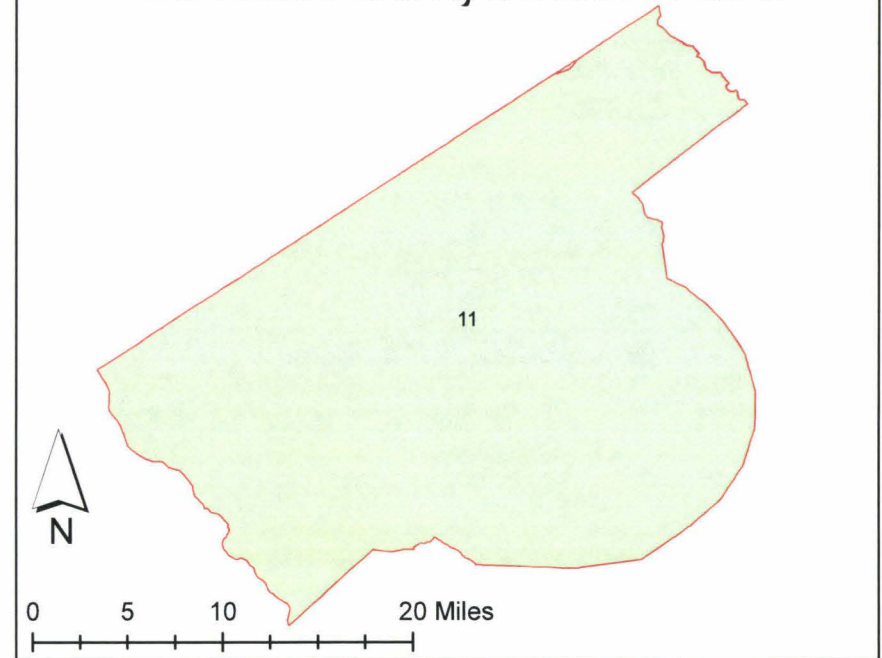
Demographic Data for Abbeville County

Total County Population	26,167
Total Medicaid Population	6,715
Percent of Population Enrolled in Medicaid	25.7%

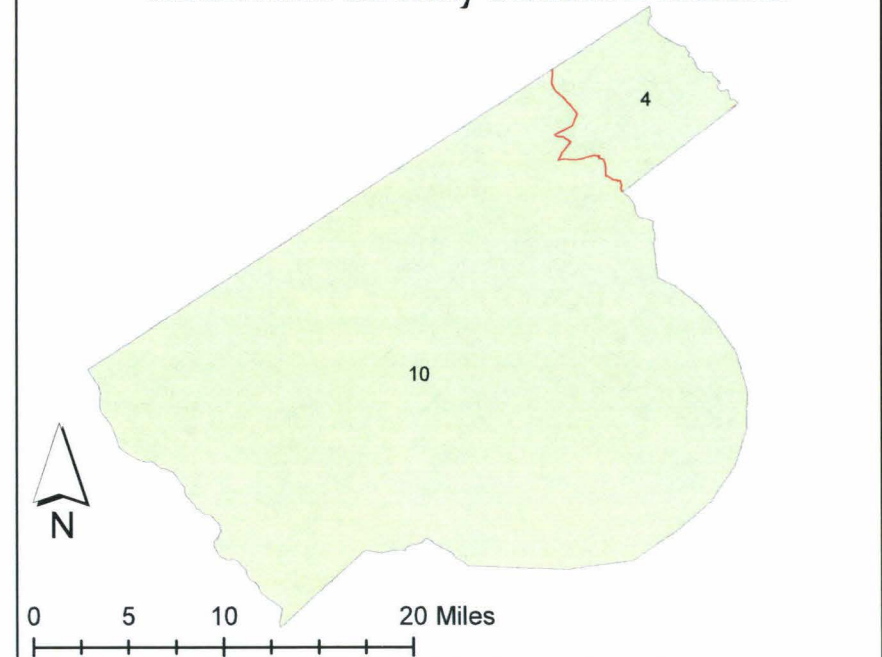
Note: Population Estimates and House and Senate District lines are from the 2000 Census. Total Medicaid Population is SFY10 enrollment data including GAPS, Refugees, and limited services groups. Annual member totals can be duplicated between counties due to member residence changes.



Abbeville County House Districts



Abbeville County Senate Districts



Appendix B:

Medicaid Assistance Financial Forecast Prior to Cost Containment Initiatives,
Email Correspondence,
Cost Savings List

DRAFT - INTERNAL DISCUSSIONS ONLY

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Total Adjusted Expenditures (in millions)

Delivered 2/25/2011 - Before Cost Containment Initiatives

Program Type: All Program Types - FFS, MHN, MCO, RSP

Population Grouping: All Populations

	SFY 2008	Growth	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012
Hospital Services									
Hospital Inpatient	727.5	(1.8%)	714.5	(7.5%)	660.8	8.5%	717.0	(9.3%)	650.4
Hospital Outpatient	230.4	4.9%	241.6	(9.8%)	217.9	3.2%	224.7	(15.6%)	189.6
NH Swing Beds	0.6	5.0%	0.7	12.1%	0.8	(1.8%)	0.7	4.8%	0.8
Nursing Home Services	485.7	0.1%	486.3	8.0%	525.1	4.8%	550.2	1.8%	560.1
Hospice	14.3	(23.8%)	10.9	14.4%	12.5	9.4%	13.6	2.6%	14.0
Physician	328.5	(20.6%)	260.7	(15.3%)	220.8	(1.9%)	216.5	(7.6%)	200.0
Clinic Services									
Clinic	31.3	(0.4%)	31.1	(8.7%)	28.4	(3.4%)	27.4	(8.1%)	25.2
FQHC Clinic	26.4	(10.1%)	23.7	(2.7%)	23.1	(11.0%)	20.5	(3.8%)	19.8
RHC Clinic	19.5	(4.8%)	18.5	(13.6%)	16.0	(1.4%)	15.8	8.1%	17.1
Lab & X-Ray	42.7	(16.6%)	35.6	(6.9%)	33.1	3.7%	34.4	(17.2%)	28.4
Other Medical Professionals - FFS Only	12.0	(16.9%)	10.0	8.6%	10.8	14.8%	12.4	(2.9%)	12.1
Other Medical Professionals - FFS and MCO Carveout	31.5	29.6%	40.8	(3.0%)	39.6	(4.5%)	37.9	7.7%	40.8
EPSDT	18.0	(11.9%)	15.8	(33.8%)	10.5	2.4%	10.7	(7.4%)	9.9
Family Planning Services									
Family Planning Other	11.5	3.2%	11.9	(10.9%)	10.6	11.7%	11.8	7.2%	12.7
Family Planning Sterilization	5.1	(2.9%)	5.0	(3.6%)	4.8	0.6%	4.8	14.5%	5.5
Family Planning Rx	8.1	(4.7%)	7.7	(7.8%)	7.1	10.9%	7.9	5.2%	8.3
Pharmacy Services	348.2	(16.0%)	292.5	(13.9%)	251.9	(0.3%)	251.1	(2.9%)	243.9
MMA Phase Down Contributions - 100% State	70.1	(5.7%)	66.1	(24.0%)	50.2	(9.0%)	45.7	71.1%	78.2
Dental	96.8	12.3%	108.7	9.6%	119.1	(1.7%)	117.0	5.1%	123.0
Supply & DME	54.3	(13.3%)	47.0	(0.9%)	46.6	8.6%	50.6	(5.8%)	47.7
Home Health	11.4	8.0%	12.3	(22.5%)	9.6	9.8%	10.5	0.1%	10.5
Transportation									
Transportation	12.2	(15.6%)	10.3	(19.4%)	8.3	3.4%	8.6	(10.8%)	7.6
PHP Transportation	50.2	(1.0%)	49.7	(0.2%)	49.6	13.3%	56.2	9.7%	61.7
Premiums Matched	142.3	9.0%	155.2	0.0%	155.2	12.3%	174.2	5.8%	184.2
Premiums - 100% State	13.7	14.8%	15.7	0.0%	15.7	8.3%	17.0	4.2%	17.7
Optional State Supplement (OSS) - 100% State	16.7	4.4%	17.4	(3.7%)	16.8	0.8%	16.9	(0.0%)	16.9
Integrated Personal Care (IPC)	3.6	19.3%	4.3	18.1%	5.0	23.5%	6.2	10.3%	6.9
Coordinated Care									
MCO	263.6	189.9%	764.1	46.5%	1,119.6	42.6%	1,597.0	7.3%	1,713.8
MHN	10.2	20.1%	12.3	36.4%	16.7	26.3%	21.1	16.7%	24.7
Medically Fragile Children's Program	2.3	(4.2%)	2.2	(100.0%)	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	-	-	-	-	0.3	70.2%	0.5
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	109.3	18.8%	129.8	8.9%	141.4	8.3%	153.1	3.7%	158.7
HIV/AIDS Waiver	3.2	14.7%	3.7	27.0%	4.7	12.6%	5.3	4.5%	5.5
Ventilator Waiver	1.2	3.1%	1.2	(4.8%)	1.1	23.3%	1.4	2.1%	1.4
Children's PCA	4.1	33.0%	5.4	26.5%	6.8	22.2%	8.3	4.0%	8.7
Medically Complex Children's Program	-	-	0.0	28896.3%	0.2	62.8%	0.4	91.9%	0.8
SUBTOTAL	3,206.1	12.7%	3,612.7	6.3%	3,840.4	15.8%	4,447.6	1.3%	4,507.2
PACE	10.0	19.2%	11.9	(4.1%)	11.4	10.8%	12.7	29.0%	16.3
Child Health Insurance									
HCK SCHIP Premiums	0.6	2052.4%	12.9	56.6%	20.1	(68.2%)	6.4	(100.0%)	-
HCK Dental	0.1	4088.7%	2.4	72.8%	4.2	(100.0%)	-	-	-
TOTAL (State & Federal Estimate)	3,216.8	13.2%	3,639.9	6.5%	3,876.2	15.2%	4,466.7	1.3%	4,523.6

DRAFT - INTERNAL DISCUSSIONS ONLY

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Expenditure Adjustments (in millions)

Before Cost Containment Initiatives

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2008	Growth	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012
Hospital Services									
Hospital Inpatient - Settlement, Admin Days, MCO GM	103.9	(4.6%)	99.2	(39.0%)	60.5	98.9%	120.4	(45.0%)	66.2
Hospital Outpatient - Settlements	75.9	(60.5%)	30.0	(24.1%)	22.8	21.6%	27.7	(71.1%)	8.0
NH Swing Beds	-	-	-	-	-	-	-	-	-
Nursing Home Services	7.1	96.3%	14.0	61.2%	22.5	2.6%	23.1	0.0%	23.1
Hospice	-	-	-	-	-	-	-	-	-
Physician	0.3	135.8%	0.6	2.8%	0.6	0.0%	0.6	0.0%	0.6
Clinic Services									
Clinic	2.0	(42.6%)	1.1	(95.9%)	0.0	(76.5%)	0.0	(100.0%)	-
FQHC Clinic	5.8	1.2%	5.8	40.0%	8.2	(19.3%)	6.6	0.0%	6.6
RHC Clinic	0.6	18.9%	0.7	(30.8%)	0.5	105.0%	1.0	0.0%	1.0
Lab & X-Ray	-	-	0.0	39.2%	0.0	(95.6%)	0.0	(100.0%)	-
Other Medical Professionals - FFS Only	0.0	16.6%	0.0	(34.3%)	0.0	79.7%	0.0	(100.0%)	-
Other Medical Professionals - FFS and MCO Carveout	4.1	(99.2%)	0.0	48.3%	0.0	(87.7%)	0.0	(100.0%)	-
EPSDT	-	-	-	-	-	-	-	-	-
Family Planning Services									
Family Planning Other	-	-	-	-	-	-	-	-	-
Family Planning Sterilization	-	-	-	-	-	-	-	-	-
Family Planning Rx	(0.4)	(1.1%)	(0.4)	58.8%	(0.6)	(51.1%)	(0.3)	0.0%	(0.3)
Pharmacy Services	(13.2)	(9.5%)	(11.9)	(4.2%)	(11.4)	0.0%	(11.4)	0.0%	(11.4)
MMA Phase Down Contributions - 100% State	70.1	(5.7%)	66.1	(24.0%)	50.2	(9.0%)	45.7	71.1%	78.2
Dental	0.0	81.8%	0.0	(21.4%)	0.0	10644.9%	4.1	(100.0%)	-
Supply & DME	(0.1)	(50.3%)	(0.0)	(87.8%)	(0.0)	11.7%	(0.0)	0.0%	(0.0)
Home Health	1.2	161.8%	3.2	(50.2%)	1.6	0.0%	1.6	0.0%	1.6
Transportation									
Transportation	0.3	(89.1%)	0.0	142.0%	0.1	(100.1%)	(0.0)	(100.0%)	-
PHP Transportation	6.2	-	-	-	0.6	(154.0%)	(0.3)	(100.0%)	-
Premiums Matched	142.3	9.0%	155.2	0.0%	155.2	12.3%	174.2	5.8%	184.2
Premiums - 100% State	13.7	14.8%	15.7	0.0%	15.7	8.3%	17.0	4.2%	17.7
Optional State Supplement (OSS) - 100% State	-	-	0.0	(70.1%)	0.0	1230.2%	0.0	(100.0%)	-
Medicaid Personal Care (IPC)	-	-	-	-	-	-	-	-	-
Medicaid Community Care									
MCO (Kick Payments/Other MCO Adj)	36.2	144.7%	88.5	111.1%	186.7	(31.2%)	128.6	(61.9%)	48.9
MHN	2.5	39.9%	3.4	79.2%	6.2	(16.1%)	5.2	0.0%	5.2
Medically Fragile Children's Program	-	-	-	-	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	-	-	-	-	0.1	0.0%	0.1
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	(0.0)	(395.4%)	0.0	(44.1%)	0.0	(133.2%)	(0.0)	(100.0%)	-
HIV/AIDS Waiver	(0.0)	(77.5%)	(0.0)	480.1%	(0.0)	(49.2%)	(0.0)	(100.0%)	-
Ventilator Waiver	(0.0)	271.5%	(0.0)	46.1%	(0.0)	(67.1%)	(0.0)	(100.0%)	-
Children's PCA	-	-	-	-	0.0	(100.0%)	-	-	-
Medically Complex Children's Program	-	-	-	-	0.1	(100.0%)	-	-	-
SUBTOTAL	458.6	2.8%	471.4	10.2%	519.7	4.7%	543.9	(21.0%)	429.8
PACE	-	-	0.2	(100.0%)	-	-	-	-	-
Child Health Insurance									
HCK SCHIP Premiums	-	-	0.1	1080.9%	0.6	(83.4%)	0.1	(100.0%)	-
HCK Dental	-	-	-	-	-	-	-	-	-
TOTAL (State & Federal Estimate)	458.6	2.9%	471.7	10.3%	520.3	4.6%	544.0	(21.0%)	429.8

DRAFT - INTERNAL DISCUSSIONS ONLY

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Total Paid Expenditures (in millions)

Before Cost Containment Initiatives

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2008	Growth	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012
Hospital Services									
Hospital Inpatient	623.6	(1.3%)	615.4	(2.5%)	600.3	(0.6%)	596.6	(2.1%)	584.2
Hospital Outpatient	154.4	37.0%	211.6	(7.8%)	195.1	1.0%	197.0	(7.8%)	181.6
NH Swing Beds	0.6	5.0%	0.7	12.1%	0.8	(1.8%)	0.7	4.8%	0.8
Nursing Home Services	478.5	(1.3%)	472.3	6.4%	502.6	4.9%	527.1	1.9%	537.0
Hospice	14.3	(23.8%)	10.9	14.4%	12.5	9.4%	13.6	2.6%	14.0
Physician	328.2	(20.7%)	260.1	(15.4%)	220.2	(1.9%)	215.9	(7.6%)	199.4
Clinic Services									
Clinic	29.3	2.5%	30.0	(5.4%)	28.4	(3.3%)	27.4	(8.0%)	25.2
FQHC Clinic	20.6	(13.3%)	17.9	(16.6%)	14.9	(6.4%)	13.9	(5.5%)	13.2
RHC Clinic	18.9	(5.5%)	17.8	(13.0%)	15.5	(4.8%)	14.8	8.7%	16.1
Lab & X-Ray	42.7	(16.6%)	35.6	(6.9%)	33.1	3.7%	34.4	(17.2%)	28.4
Other Medical Professionals - FFS Only	12.0	(16.9%)	10.0	8.6%	10.8	14.8%	12.4	(2.9%)	12.1
Other Medical Professionals - FFS and MCO Carveout	27.4	49.1%	40.8	(3.0%)	39.6	(4.4%)	37.9	7.7%	40.8
EPSTD	18.0	(11.9%)	15.8	(33.8%)	10.5	2.4%	10.7	(7.4%)	9.9
Family Planning Services									
Family Planning Other	11.5	3.2%	11.9	(10.9%)	10.6	11.7%	11.8	7.2%	12.7
Family Planning Sterilization	5.1	(2.9%)	5.0	(3.6%)	4.8	0.6%	4.8	14.5%	5.5
Family Planning Rx	8.5	(4.5%)	8.1	(4.7%)	7.7	6.2%	8.2	5.0%	8.6
Pharmacy Services	361.4	(15.8%)	304.4	(13.5%)	263.3	(0.3%)	262.5	(2.7%)	255.4
MMA Phase Down Contributions - 100% State	-	-	-	-	-	-	-	-	-
Dental	96.7	12.3%	108.6	9.6%	119.0	(5.1%)	113.0	8.9%	123.0
Supply & DME	54.4	(13.4%)	47.1	(0.9%)	46.6	8.6%	50.6	(5.8%)	47.7
Home Health	10.2	(10.7%)	9.1	(12.6%)	8.0	11.7%	8.9	0.2%	8.9
Transportation									
Transportation	11.8	(13.6%)	10.2	(19.9%)	8.2	4.5%	8.6	(10.8%)	7.6
PHP Transportation	44.0	13.0%	49.7	(1.4%)	49.0	15.5%	56.6	9.0%	61.7
Premiums Matched	-	-	-	-	-	-	-	-	-
Premiums - 100% State	-	-	-	-	-	-	-	-	-
Optional State Supplement (OSS) - 100% State	16.7	4.4%	17.4	(3.7%)	16.8	0.5%	16.8	0.3%	16.9
Integrated Personal Care (IPC)	3.6	19.3%	4.3	18.1%	5.0	23.5%	6.2	10.3%	6.9
Medically Managed Care									
MCO	227.5	197.0%	675.6	38.1%	932.9	57.4%	1,468.4	13.4%	1,664.9
MHN	7.7	13.8%	8.8	19.7%	10.5	51.1%	15.9	22.2%	19.5
Medically Fragile Children's Program	2.3	(4.2%)	2.2	(100.0%)	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	-	-	-	-	0.2	100.2%	0.4
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	109.3	18.7%	129.8	8.9%	141.3	8.3%	153.1	3.6%	158.7
HIV/AIDS Waiver	3.2	14.0%	3.7	27.7%	4.7	12.2%	5.3	4.2%	5.5
Ventilator Waiver	1.2	3.2%	1.2	(4.8%)	1.1	23.2%	1.4	2.1%	1.4
Children's PCA	4.1	33.0%	5.4	26.5%	6.8	22.2%	8.3	4.0%	8.7
Medically Complex Children's Program	-	-	0.0	22237.3%	0.2	111.3%	0.4	91.9%	0.8
SUBTOTAL	2,747.6	14.3%	3,141.2	5.7%	3,320.7	17.6%	3,903.7	4.4%	4,077.4
PACE	10.0	17.0%	11.7	(2.3%)	11.4	10.8%	12.7	29.0%	16.3
Child Health Insurance									
HCK CHIP Premiums	0.6	2036.3%	12.8	52.3%	19.5	(67.7%)	6.3	(100.0%)	-
HCK Dental	0.1	4205.2%	2.4	72.8%	4.2	(100.0%)	-	-	-
TOTAL (State & Federal Estimate)	2,758.2	14.9%	3,168.2	5.9%	3,355.9	16.9%	3,922.7	4.4%	4,093.7

Laurel Eddins - Re: Jan 2011 forecast

From: <teresa.wilder@milliman.com>
To: EDDINS@scdhhs.gov
Date: 8/18/2011 1:41 PM
Subject: Re: Jan 2011 forecast
CC: Amy.Coleman@Milliman.com; rob.damler@milliman.com;
Marlene.Howard@Milliman.com
Attachments: South Carolina Baseline Forecast - Before Cost Containment Initiatives.xlsx

Laurel,

Per your request I have attached the forecast that is considered the baseline before cost containment measures version of the January 2011 forecast. For reference, it was previously provided in emails dated March 11, 2011 and March 14, 2011. Please let me know if you have any questions.

Thanks,

Teresa

32SCM30

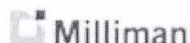
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From: "Laurel Eddins" <EDDINS@scdhhs.gov>
To: <teresa.wilder@Milliman.com>
Date: 08/18/2011 11:24 AM
Subject: Jan 2011 forecast

Hi, I know this was sent to Mr. Wells. Could you please resend to me? Fiscal wants to compare it to some of there documents. Thanks!

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Laurel Eddins - Re: Savings initiatives - Dictionary

From: Laurel Eddins
To: teresa.wilder@Milliman.com
Date: 8/19/2011 11:17 AM
Subject: Re: Savings initiatives - Dictionary
CC: Amy.Coleman@Milliman.com; Marlene.Howard@Milliman.com
Attachments: Hospital Reductions and Savings Estimates Final 081811.xls

Yes, this is a component. Please see the MOST recent rate cut sheet which should include the sheet you had already.
 Thanks!

>>> On 8/19/2011 at 10:36 AM, <teresa.wilder@milliman.com> wrote:

Laurel,

Is the attached Excel file the rate cut sheet to which you were referring? Do you have an updated version?

Thanks,

Teresa

Teresa Wilder | FSA, Actuary | teresa.wilder@milliman.com
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From: "Laurel Eddins" <EDDINS@scdhhs.gov>
To: <teresa.wilder@milliman.com>
Cc: <Marlene.Howard@milliman.com>
Date: 08/17/2011 02:54 PM
Subject: Re: Savings initiatives - Dictionary

We have not created one. They rate cut sheet is the most current thing I have to share
 and I am pretty sure you have it

-----Original Message-----

From: <teresa.wilder@milliman.com>
To: Laurel Eddins <EDDINS@scdhhs.gov>
Cc: <Marlene.Howard@Milliman.com>

Sent: 8/17/2011 2:31:17 PM
Subject: Savings initiatives - Dictionary

Laurel,

You mentioned a couple weeks ago that you were compiling a dictionary of the savings initiatives. Would it be possible for us to get a copy of that to verify the completeness of our quarterly savings model.

Thanks...Teresa

Teresa Wilder | FSA, Actuary | teresa.wilder@milliman.com
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Hospital FFS/MCO Reductions and Cost Savings

Description of Reductions	Estimated State General Funds	Estimated Total Funds	Coordinated	
			FFS Estimated SGF	Care Estimated SGF
IP OP 3% Rate Reduction - Effective April 8th, 2011	\$ 10,510,880	\$ 36,700,000	\$ 5,699,360	\$ 4,811,520
IP OP 4% Rate Reduction - Effective July 11, 2011	\$ 15,757,032	\$ 52,858,210	\$ 6,759,182	\$ 8,997,850
Replace the SGF Match for GME & Teaching Supplemental Payments with Donated Funds by Other Entities	\$ 6,200,000	\$ 20,798,390		
Eliminate GME for Out of State Providers	\$ 1,700,000	\$ 5,702,784		
10% reduction for in-state IP GME reimbursement for SC hospitals	\$ 2,300,000	\$ 7,715,532		
In State DSH Reduction	\$ 4,600,000	\$ 15,431,063		
Out of State DSH Reduction	\$ 225,000	\$ 754,780		
Subtotal	\$ 41,292,912	\$ 139,960,759		
Description of Savings	Estimated State General Funds	Estimated Total Funds		
Hospital Acquired Conditions & Readmissions	\$ 1,255,144	\$ 4,210,479	\$ 863,739	\$ 391,405
Birth Outcome Focus Area - Promotion of Vaginal Deliveries	\$ 949,355	\$ 3,184,688	\$ 316,191	\$ 633,164
Birth Outcome Focus Area - Prevention of NICU/PICU & Decrease in Average Length of Stay	\$ 7,059,564	\$ 23,681,865	\$ 5,842,720	\$ 1,216,844
Subtotal	\$ 9,264,063	\$ 31,077,032	\$ 7,022,650	\$ 2,241,413
Total Reductions and Savings	\$ 50,556,976	\$ 171,037,791	\$ 18,364,232	\$ 17,494,915

Appendix C:
Meeting Notes and Project Visual Aid Design

8/1

Savings Promo

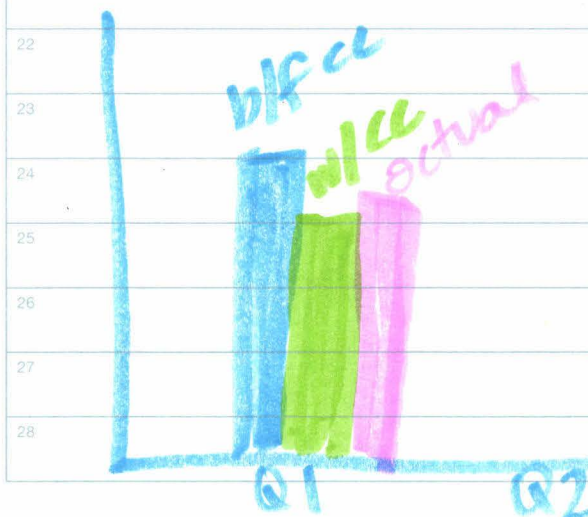
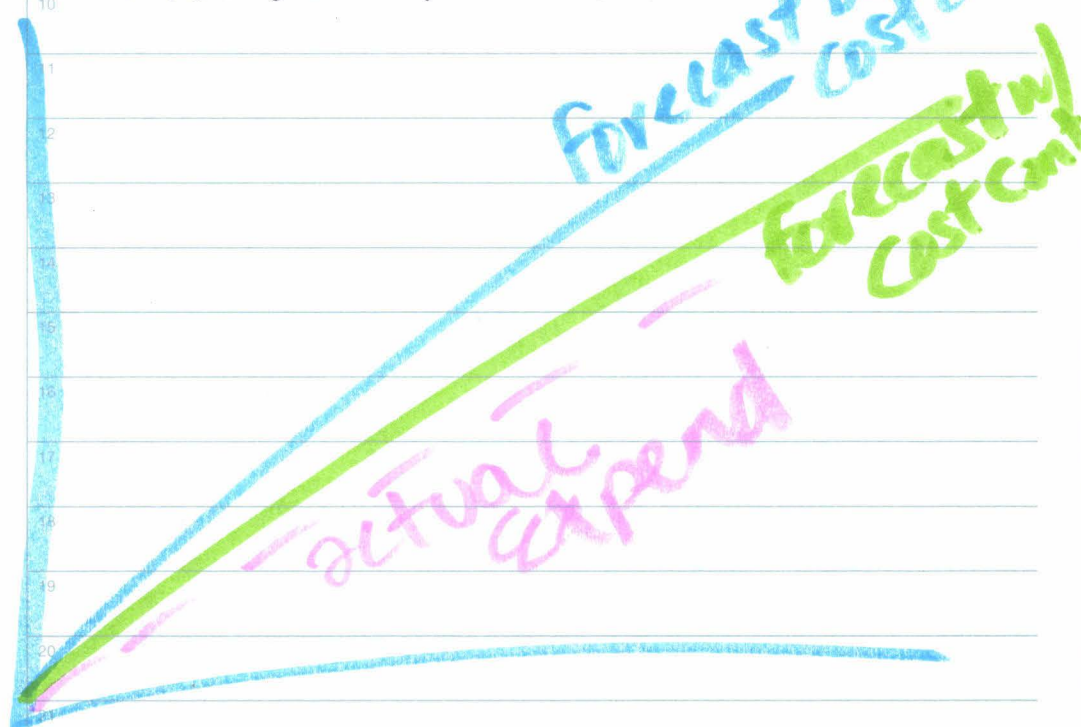
Roylance

Fax to
teresa
@
milliman

Simple
Visual
Aides

- ensure
totally
transparent

- 1 Milliman call on 8/2 to Prep
2 Q's
3 - Does baseline have ACA
4 included - keep @
5 - How will we adjust annual
6 forecast to Qtrly est?
7 - Can they use RATE team est.
8 in forecast by line
9 - What does AM think



Savings Monitoring Project/Proviso Meeting Summary and Time Line

Summary Date: July 28, 2011

Meeting Attendees: Roy Hess, Bryan Kost, and Laurel Eddins

Discussion Points and Key Decisions:

- To Comply with Proviso 21.48, Laurel Eddins proposed a reporting solution and handed out a flow chart of a potential solution (attached) which would incorporate use of Thomson Reuters reporting compared to the baseline forecast prepared by Milliman, Inc. actuary firm.
- Group should meet weekly until plan is vetted and then meet as required to ensure implementation is underway and on target. Next meeting will be August 5th, 2011 to include Roy, Laurel and Milliman contacts. Laurel to coordinate meeting with Milliman and prepare discussions with stakeholders (Finance, RATE Team, Legislative Team, Deputies, and Director)
- Current targets:
 - Formalize process by 8/5 – Meet with Milliman
 - Set next meeting date after discussion with Milliman
 - Test reporting comparison back to Milliman's February 2011 Forecast (before cost containment initiatives) with Thomson reports pulled by Laurel by Oct 15th
 - Vet test reporting by Nov 1st and plan to rerun data with updated datasets by Nov 15th
 - Send for Executive review Nov 18th
 - Post to web by Dec 9th

NOTES:

Call with Teresa @ Milliman 8/2

- Comparing forecasts may work better to account for pop. shifts, risk scores, etc.
 - Need to figure out what the analysis should look like if we compare forecasts – do not want too many charts or eq. may not understand or take time to read – want savings to be clear
 - Laurel will scan drawing to Teresa that Roy OK'd – what about seasonality?
- Laurel – Send draft of mock up drawing by COB

Appendix D:
Correspondence with Contractors,
Project Model Draft

Laurel Eddins - Fw: Email & Model for Laurel - DRAFT - SCM37

From: <rob.damler@milliman.com>
To: <EDDINS@scdhhs.gov>
Date: 8/4/2011 5:43 PM
Subject: Fw: Email & Model for Laurel - DRAFT - SCM37
CC: <teresa.wilder@milliman.com>, <Marlene.Howard@Milliman.com>, Roy Hess
 <HESSROY@scdhhs.gov>, Melanie Giese <GieseM@scdhhs.gov>
Attachments: FY2012 Savings Monitoring - DRAFT model.pdf

Laurel,

We have prepared a DRAFT model to track SFY2012 cost savings to serve as a base for our discussion with you and Roy tomorrow. Please note that the numbers in the model do not reflect actual forecasted, paid or budgeted expenditures - they are for illustrative and design purposes only.

Major highlights of the model are as follows:

- Expenditures are reported on a paid basis
- There is a summary exhibit for each quarter, as well as a Fiscal year-to-date summary. These exhibits will compare Baseline, Actual and Budgeted expenditures.
- The expenditure comparison of actual to baseline will be split into two components: difference due to the implementation of cost saving initiatives, and difference due to other factors. Differences due to other factors will be identified and footnoted as appropriate
- The Baseline forecast in each quarter will reflect seasonality adjustments
- Budgeted expenditures are allocated to each quarter on a straight-line basis, unless we receive direction otherwise
- 3 charts will be provided: 1) Comparison of YTD Baseline, Actual and Budgeted expenditures; 2) Comparison of Baseline, Actual and Budgeted expenditures by quarter; 3) The portion of Actual vs. Baseline differences attributed to cost savings initiatives and other factors

If you have any questions, please do not hesitate to contact me.

Sincerely,
 Rob

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State of South Carolina Department of Health and Human Services Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring Q1 FY2012 (Smillions) Not Actual - Numbers for Illustrative and Design Purposes Only							
	(A) <u>Baseline</u> <u>Forecast</u>	(B) <u>Actual</u> <u>CCAR500</u>	(C) = (B) - (A) <u>Actual vs.</u> <u>Baseline</u>	(D) <u>Savings</u> <u>Initiatives</u>	(E) = (C) - (D) <u>Other</u>	(F) <u>Budget</u>	(G) = (B) - (F) <u>Actual vs.</u> <u>Budget</u>
Hospital Services	213.8	198.8	(15.0)	(15.7)	0.7	213.8	(15.0)
Nursing Home Services	142.5	132.5	(10.0)	(10.5)	0.5	142.5	(10.0)
Hospice	4.8	4.4	(0.3)	(0.3)	0.0	4.8	(0.3)
Physician	59.4	55.2	(4.2)	(4.4)	0.2	59.4	(4.2)
Clinic Services	21.4	19.9	(1.5)	(1.5)	-	21.4	(1.5)
Lab & X-Ray	8.3	7.7	(0.6)	(0.6)	-	8.3	(0.6)
Other Medical Professionals	9.5	8.8	(0.7)	(0.7)	0.0	9.5	(0.7)
EPSDT	3.1	2.9	(0.2)	(0.2)	-	3.1	(0.2)
Family Planning Services	5.9	5.5	(0.4)	(0.4)	-	5.9	(0.4)
Pharmacy Services	64.1	59.6	(4.5)	(4.6)	0.1	64.1	(4.5)
MMA Phase Down Contributions - 100% State	14.3	13.3	(1.0)	(1.0)	-	14.3	(1.0)
Dental	27.3	25.4	(1.9)	(2.0)	0.1	27.3	(1.9)
Supply & DME	11.4	10.6	(0.8)	(0.8)	-	11.4	(0.8)
Home Health	2.1	2.0	(0.1)	(0.2)	0.0	2.1	(0.1)
Transportation	14.3	13.3	(1.0)	(1.0)	-	14.3	(1.0)
Premiums Matched	42.8	39.8	(3.0)	(3.0)	-	42.8	(3.0)
Premiums - 100% State	4.8	4.4	(0.3)	(0.3)	-	4.8	(0.3)
Optional State Supplement (OSS) - 100% State	3.6	3.3	(0.2)	(0.2)	-	3.6	(0.2)
Integrated Personal Care (IPC)	1.9	1.8	(0.1)	(0.1)	-	1.9	(0.1)
Coordinated Care	380.0	353.4	(26.6)	(27.1)	0.5	380.0	(26.6)
Community Long Term Care	35.6	33.1	(2.5)	(2.5)	0.0	35.6	(2.5)
PACE	3.6	3.3	(0.2)	(0.2)	-	3.6	(0.2)
TOTAL MEDICAID SERVICES	1,074.2	999.0	(75.2)	(77.4)	2.2	1,074.2	(75.2)

8/4/2011

Milliman, Inc.

State of South Carolina Department of Health and Human Services Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring Q2 FY2012 (\$millions) Not Actual - Numbers for Illustrative and Design Purposes Only							
	(A) <u>Baseline</u> <u>Forecast</u>	(B) <u>Actual</u> <u>CCAR500</u>	(C) = (B) - (A) <u>Actual vs.</u> <u>Baseline</u>	(D) <u>Savings</u> <u>Initiatives</u>	(E) = (C) - (D) <u>Other</u>	(F) <u>Budget</u>	(G) = (B) - (F) <u>Actual vs.</u> <u>Budget</u>
Hospital Services	213.8	198.8	(15.0)	(15.4)	0.4	213.8	(15.0)
Nursing Home Services	142.5	132.5	(10.0)	(10.3)	0.3	142.5	(10.0)
Hospice	4.8	4.4	(0.3)	(0.3)	0.0	4.8	(0.3)
Physician	59.4	55.2	(4.2)	(4.3)	0.1	59.4	(4.2)
Clinic Services	21.4	19.9	(1.5)	(1.5)	-	21.4	(1.5)
Lab & X-Ray	8.3	7.7	(0.6)	(0.6)	-	8.3	(0.6)
Other Medical Professionals	9.5	8.8	(0.7)	(0.7)	0.0	9.5	(0.7)
EPSDT	3.1	2.9	(0.2)	(0.2)	-	3.1	(0.2)
Family Planning Services	5.9	5.5	(0.4)	(0.4)	-	5.9	(0.4)
Pharmacy Services	64.1	59.6	(4.5)	(4.5)	0.0	64.1	(4.5)
MMA Phase Down Contributions - 100% State	14.3	13.3	(1.0)	(1.0)	-	14.3	(1.0)
Dental	27.3	25.4	(1.9)	(2.0)	0.1	27.3	(1.9)
Supply & DME	11.4	10.6	(0.8)	(0.8)	-	11.4	(0.8)
Home Health	2.1	2.0	(0.1)	(0.2)	0.0	2.1	(0.1)
Transportation	14.3	13.3	(1.0)	(1.0)	-	14.3	(1.0)
Premiums Matched	42.8	39.8	(3.0)	(3.0)	-	42.8	(3.0)
Premiums - 100% State	4.8	4.4	(0.3)	(0.3)	-	4.8	(0.3)
Optional State Supplement (OSS) - 100% State	3.6	3.3	(0.2)	(0.2)	-	3.6	(0.2)
Integrated Personal Care (IPC)	1.9	1.8	(0.1)	(0.1)	-	1.9	(0.1)
Coordinated Care	380.0	353.4	(26.6)	(26.9)	0.3	380.0	(26.6)
Community Long Term Care	35.6	33.1	(2.5)	(2.5)	0.0	35.6	(2.5)
PACE	3.6	3.3	(0.2)	(0.2)	-	3.6	(0.2)
TOTAL MEDICAID SERVICES	1,074.2	999.0	(75.2)	(76.5)	1.3	1,074.2	(75.2)

8/4/2011

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State of South Carolina Department of Health and Human Services							
Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring Q3 FY2012 (\$millions) Not Actual - Numbers for Illustrative and Design Purposes Only							
	(A) <u>Baseline Forecast</u>	(B) <u>Actual CCAR500</u>	(C) = (B) - (A) <u>Actual vs. Baseline</u>	(D) <u>Savings Initiatives</u>	(E) = (C) - (D) <u>Other</u>	(F) <u>Budget</u>	(G) = (B) - (F) <u>Actual vs. Budget</u>
Hospital Services	236.3	219.7	(16.5)	(16.0)	(0.5)	213.8	6.0
Nursing Home Services	157.5	146.5	(11.0)	(10.7)	(0.3)	142.5	4.0
Hospice	5.3	4.9	(0.4)	(0.4)	(0.0)	4.8	0.1
Physician	65.6	61.0	(4.6)	(4.5)	(0.1)	59.4	1.7
Clinic Services	23.6	22.0	(1.7)	(1.6)	(0.0)	21.4	0.6
Lab & X-Ray	9.2	8.5	(0.6)	(0.6)	(0.0)	8.3	0.2
Other Medical Professionals	10.5	9.8	(0.7)	(0.7)	(0.0)	9.5	0.3
EPSTD	3.4	3.2	(0.2)	(0.2)	(0.0)	3.1	0.1
Family Planning Services	6.6	6.1	(0.5)	(0.4)	(0.0)	5.9	0.2
Pharmacy Services	70.9	65.9	(5.0)	(4.8)	(0.1)	64.1	1.8
MMA Phase Down Contributions - 100% State	15.8	14.6	(1.1)	(1.1)	(0.0)	14.3	0.4
Dental	30.2	28.1	(2.1)	(2.0)	(0.1)	27.3	0.8
Supply & DME	12.6	11.7	(0.9)	(0.9)	(0.0)	11.4	0.3
Home Health	2.4	2.2	(0.2)	(0.2)	(0.0)	2.1	0.1
Transportation	15.8	14.6	(1.1)	(1.1)	(0.0)	14.3	0.4
Premiums Matched	47.3	43.9	(3.3)	(3.2)	(0.1)	42.8	1.2
Premiums - 100% State	5.3	4.9	(0.4)	(0.4)	(0.0)	4.8	0.1
Optional State Supplement (OSS) - 100% State	3.9	3.7	(0.3)	(0.3)	(0.0)	3.6	0.1
Integrated Personal Care (IPC)	2.1	2.0	(0.1)	(0.1)	(0.0)	1.9	0.1
Coordinated Care	420.0	390.6	(29.4)	(28.5)	(0.9)	380.0	10.6
Community Long Term Care	39.4	36.6	(2.8)	(2.7)	(0.1)	35.6	1.0
PACE	3.9	3.7	(0.3)	(0.3)	(0.0)	3.6	0.1
TOTAL MEDICAID SERVICES	1,187.3	1,104.2	(83.1)	(80.6)	(2.5)	1,074.2	30.0

8/4/2011

Milliman, Inc.

State of South Carolina Department of Health and Human Services Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring Q4 FY2012 (\$millions) Not Actual - Numbers for Illustrative and Design Purposes Only							
	(A) <u>Baseline</u> <u>Forecast</u>	(B) <u>Actual</u> <u>CCAR500</u>	(C) = (B) - (A) <u>Actual vs.</u> <u>Baseline</u>	(D) <u>Savings</u> <u>Initiatives</u>	(E) = (C) - (D) <u>Other</u>	(F) <u>Budget</u>	(G) = (B) - (F) <u>Actual vs.</u> <u>Budget</u>
Hospital Services	236.3	219.7	(16.5)	(16.2)	(0.3)	213.8	6.0
Nursing Home Services	157.5	146.5	(11.0)	(10.8)	(0.2)	142.5	4.0
Hospice	5.3	4.9	(0.4)	(0.4)	(0.0)	4.8	0.1
Physician	65.6	61.0	(4.6)	(4.5)	(0.1)	59.4	1.7
Clinic Services	23.6	22.0	(1.7)	(1.6)	(0.0)	21.4	0.6
Lab & X-Ray	9.2	8.5	(0.6)	(0.6)	(0.0)	8.3	0.2
Other Medical Professionals	10.5	9.8	(0.7)	(0.7)	(0.0)	9.5	0.3
EPSTD	3.4	3.2	(0.2)	(0.2)	(0.0)	3.1	0.1
Family Planning Services	6.6	6.1	(0.5)	(0.5)	(0.0)	5.9	0.2
Pharmacy Services	70.9	65.9	(5.0)	(4.9)	(0.1)	64.1	1.8
MMA Phase Down Contributions - 100% State	15.8	14.6	(1.1)	(1.1)	(0.0)	14.3	0.4
Dental	30.2	28.1	(2.1)	(2.1)	(0.0)	27.3	0.8
Supply & DME	12.6	11.7	(0.9)	(0.9)	(0.0)	11.4	0.3
Home Health	2.4	2.2	(0.2)	(0.2)	(0.0)	2.1	0.1
Transportation	15.8	14.6	(1.1)	(1.1)	(0.0)	14.3	0.4
Premiums Matched	47.3	43.9	(3.3)	(3.2)	(0.1)	42.8	1.2
Premiums - 100% State	5.3	4.9	(0.4)	(0.4)	(0.0)	4.8	0.1
Optional State Supplement (OSS) - 100% State	3.9	3.7	(0.3)	(0.3)	(0.0)	3.6	0.1
Integrated Personal Care (IPC)	2.1	2.0	(0.1)	(0.1)	(0.0)	1.9	0.1
Coordinated Care	420.0	390.6	(29.4)	(28.8)	(0.6)	380.0	10.6
Community Long Term Care	39.4	36.6	(2.8)	(2.7)	(0.1)	35.6	1.0
PACE	3.9	3.7	(0.3)	(0.3)	(0.0)	3.6	0.1
TOTAL MEDICAID SERVICES	1,187.3	1,104.2	(83.1)	(81.4)	(1.7)	1,074.2	30.0

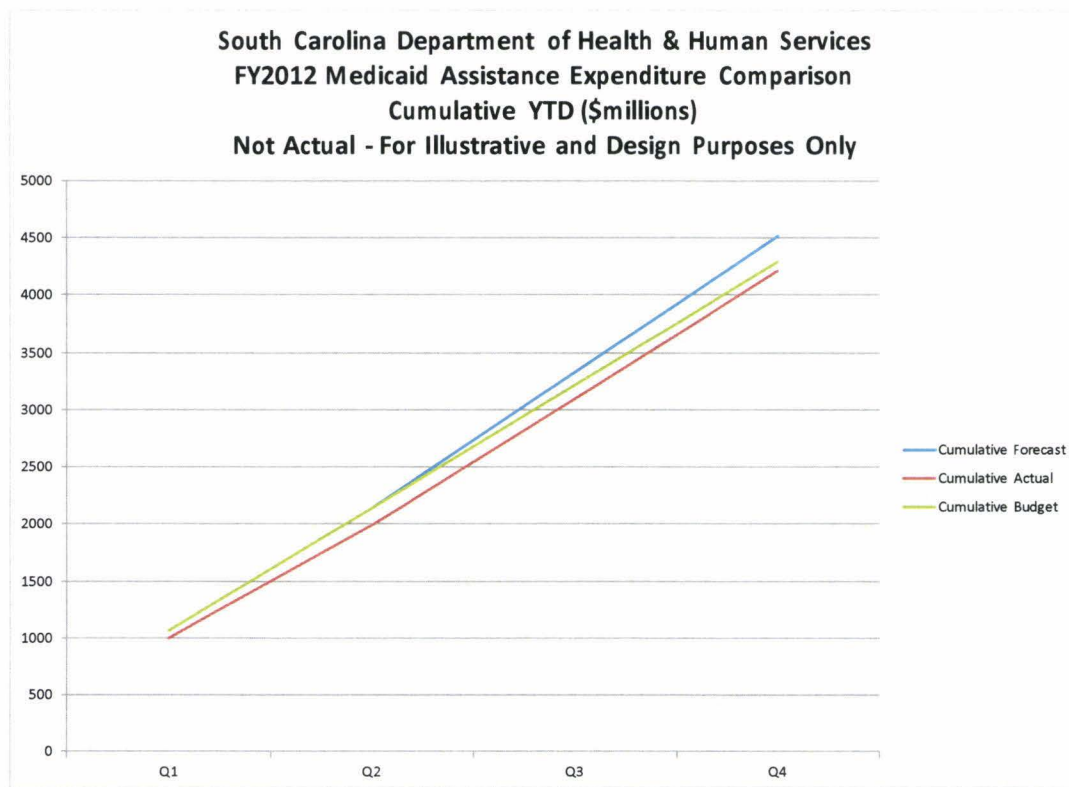
8/4/2011

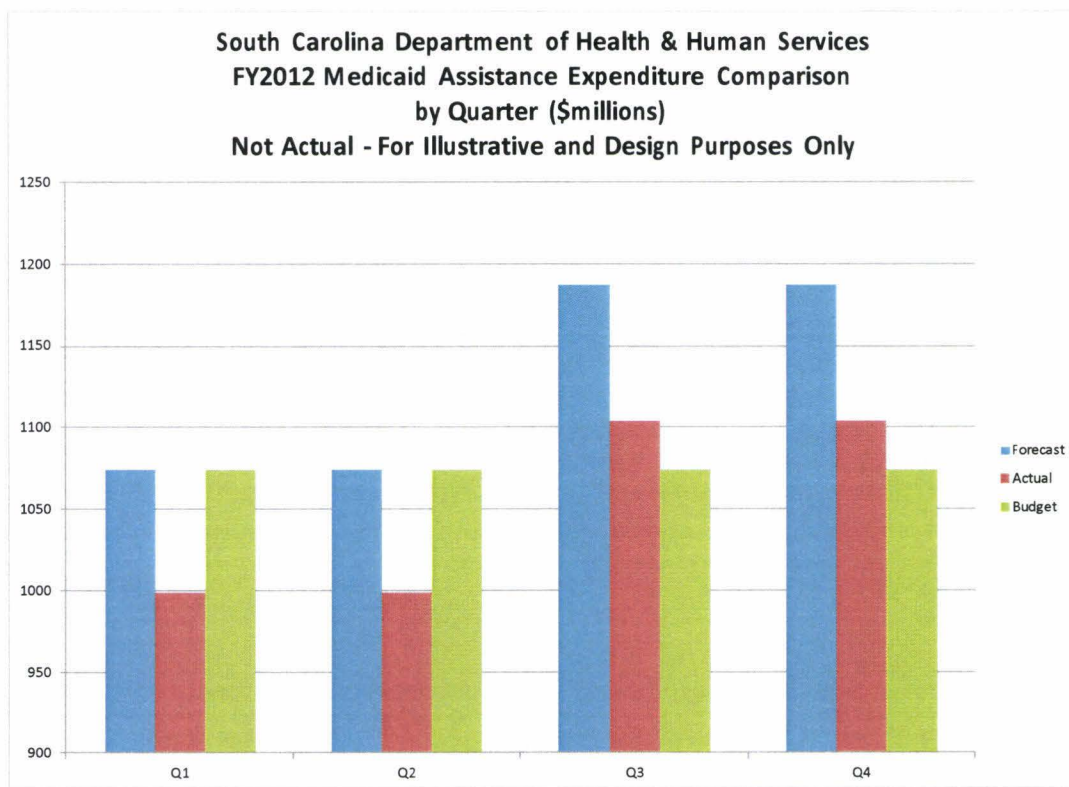
Milliman, Inc.

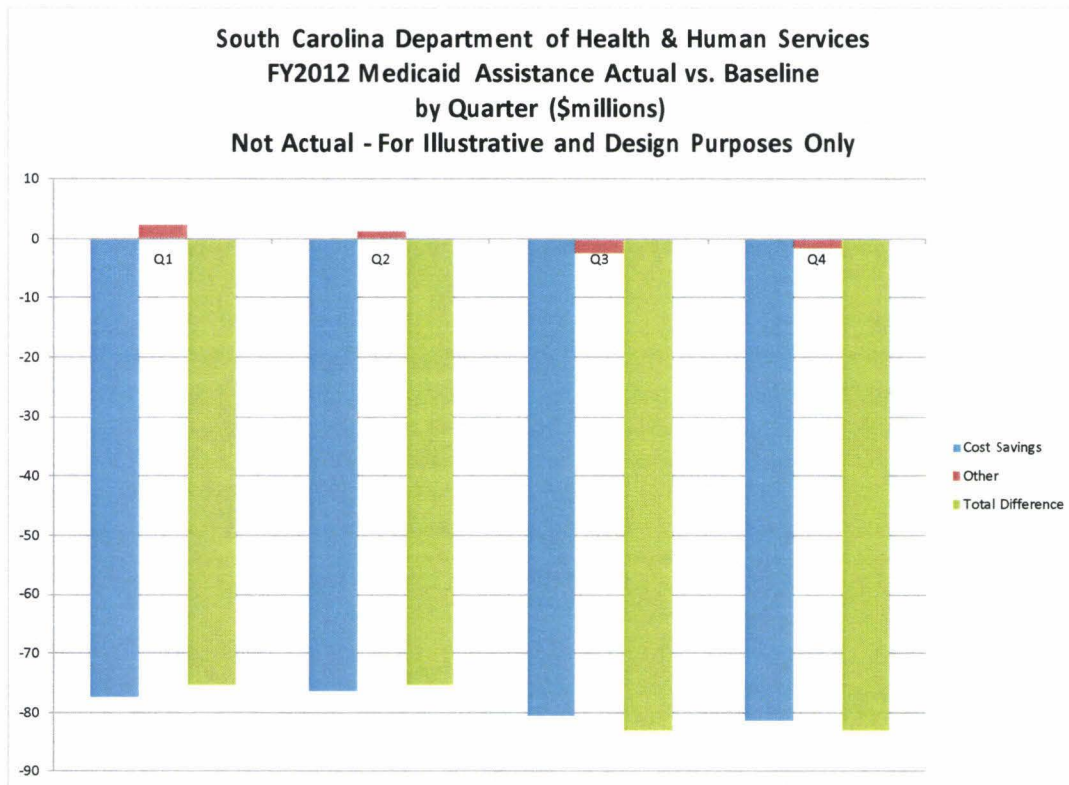
State of South Carolina							
Department of Health and Human Services							
Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring							
Fiscal 2012 YTD							
(\$millions)							
Not Actual - Numbers for Illustrative and Design Purposes Only							
	(A)	(B)	(C) = (B) - (A)	(D)	(E) = (C) - (D)	(F)	(G) = (B) - (F)
	<u>Baseline</u>	<u>Actual</u>	<u>Actual vs.</u>	<u>Savings</u>			<u>Actual vs.</u>
	<u>Forecast</u>	<u>CCA8500</u>	<u>Baseline</u>	<u>Initiatives</u>	<u>Other</u>	<u>Budget</u>	<u>Budget</u>
Hospital Services	900.0	837.0	(63.0)	(63.4)	0.4	855.0	(18.0)
Nursing Home Services	600.0	558.0	(42.0)	(42.2)	0.2	570.0	(12.0)
Hospice	20.0	18.6	(1.4)	(1.4)	(0.0)	19.0	(0.4)
Physician	250.0	232.5	(17.5)	(17.6)	0.1	237.5	(5.0)
Clinic Services	90.0	83.7	(6.3)	(6.2)	(0.1)	85.5	(1.8)
Lab & X-Ray	35.0	32.6	(2.5)	(2.4)	(0.0)	33.3	(0.7)
Other Medical Professionals	40.0	37.2	(2.8)	(2.8)	(0.0)	38.0	(0.8)
EPSDT	13.0	12.1	(0.9)	(0.9)	(0.0)	12.4	(0.3)
Family Planning Services	25.0	23.3	(1.7)	(1.7)	(0.0)	23.8	(0.5)
Pharmacy Services	270.0	251.1	(18.9)	(18.8)	(0.1)	256.5	(5.4)
MMA Phase Down Contributions - 100% State	60.0	55.8	(4.2)	(4.1)	(0.1)	57.0	(1.2)
Dental	115.0	107.0	(8.1)	(8.1)	0.0	109.3	(2.3)
Supply & DME	48.0	44.6	(3.4)	(3.3)	(0.0)	45.6	(1.0)
Home Health	9.0	8.4	(0.6)	(0.6)	0.0	8.6	(0.2)
Transportation	60.0	55.8	(4.2)	(4.1)	(0.1)	57.0	(1.2)
Premiums Matched	180.0	167.4	(12.6)	(12.4)	(0.2)	171.0	(3.6)
Premiums - 100% State	20.0	18.6	(1.4)	(1.4)	(0.0)	19.0	(0.4)
Optional State Supplement (OSS) - 100% State	15.0	14.0	(1.1)	(1.0)	(0.0)	14.3	(0.3)
Integrated Personal Care (IPC)	8.0	7.4	(0.6)	(0.6)	(0.0)	7.6	(0.2)
Coordinated Care	1,600.0	1,488.0	(112.0)	(111.3)	(0.7)	1,520.0	(32.0)
Community Long Term Care	150.0	139.5	(10.5)	(10.4)	(0.1)	142.5	(3.0)
PACE	15.0	14.0	(1.1)	(1.0)	(0.0)	14.3	(0.3)
TOTAL MEDICAID SERVICES	4,523.0	4,206.4	(316.6)	(316.0)	(0.6)	4,296.9	(90.5)

8/4/2011

Milliman, Inc.







Laurel Eddins - Medicaid Forecast Overview and Timing

From: <teresa.wilder@milliman.com>
To: <EDDINS@scdhhs.gov>, Roy Hess <HESSROY@scdhhs.gov>
Date: 8/23/2011 11:55 AM
Subject: Medicaid Forecast Overview and Timing
CC: <rob.damler@milliman.com>, <Marlene.Howard@Milliman.com>, <Amy.Coleman@Milliman.com>, <john.meerschaert@milliman.com>
Attachments: Summer 2011 Budget Forecast - DHHS & Other Agencies_v2.pdf

Laurel,

In the development of the Medicaid forecast, our analysis is performed on an incurred claims basis, but is converted to a paid claims basis prior to delivery to SCDHHS. All of the claims summaries which are sent to SCDHHS are on a paid claims basis.

The summer 2011 forecast exhibits attached to this correspondence in the pdf file should have included all of the following sheets. We inadvertently excluded the Cost Containment Initiatives sheet when the prior draft results were sent.

- Total Medicaid Assistance - Total forecasted paid Medicaid Assistance expenditures for Medicaid and Other State Agencies. Expenditures have been adjusted to include projected Expenditure Adjustments as well as forecasted impact of Cost Containment Initiatives that have been modeled in a gross adjustment manner.
-
- Total Adjusted Expenditures - Total forecasted paid Medicaid Assistance expenditures for the Medicaid agency only (not including Other State Agencies). Expenditures have been adjusted to include projected Expenditure Adjustments as well as forecasted impact of Cost Containment Initiatives that have been modeled in a gross adjustment manner.
-
- Paid Expenditures - Total forecasted paid Medicaid Assistance expenditures for the Medicaid agency only (not including Other State Agencies). Expenditures have NOT been adjusted to include projected Expenditure Adjustments or forecasted impact of Cost Containment Initiatives that have been modeled in a gross adjustment manner. Please note that the projected impact of most cost containment initiatives were modeled on a per capita basis and are reflected in the Paid Expenditures summary.
-
- Expenditure Adjustments - Actual and projected gross adjustments including all payments that occur on an aggregate basis such as MMA Phasedown payments, Medicare Premiums, etc.
-
- Cost Containment Initiatives - Cost Containment Initiatives that have been modeled in a gross adjustment manner. Please note that the projected impact of most cost containment initiatives were modeled on a per capita basis and reflected in the Paid Expenditures summary.
-

In the final version of the Summer 2011 Forecast to be delivered with full documentation by September 2, 2011, we anticipate the following minimal impact revisions as compared to the attached draft version.

1. Modification of the forecast model to reflect specific quarterly seasonality in coordination with the development of the quarterly savings model. Minimal changes to aggregate expenditure projections may occur for certain categories of service.

2. Review and revision of gross savings adjustments illustrated in the Cost Containment Initiatives sheet. Several of the minor savings adjustments included for SFY 2011 should also be reflected in SFY 2012 and SFY 2013. No change is anticipated for the SFY 2012 savings in the MCO/MHN categories which reflects the shift in payment

timing.

Forecast Related Deliverables:

We have set the following targets for deliverables to South Carolina. We will let you know as soon as possible if any of the following deliverable dates are expected to change due to unanticipated difficulties.

Cost Containment Savings Model - Baseline version to include, Baseline Forecast values, Targeted Savings values and SCDHHS Medicaid Budget values by fiscal quarter. Target date: Friday, August 26, 2011

ACA Updated Financial Impact- preliminary discussion set for: Friday, August 26, 2011

Final Summer 2011 Medicaid Assistance Forecast with documentation - Target date: Friday, September 2, 2011

Limited Forecast Update - August 2011 data - Target date: Friday, September 30, 2011

Limited Forecast Update - September 2011 data - Target date: Wednesday, October 26, 2011

Savings Monitoring Report Q1 SFY2012 - Target date: Friday, November 18, 2011

Full Forecast Update Q1 SFY2012 - September 2011 data - Target date: Monday, November 21, 2011

On a monthly basis we will perform a reconciliation immediately following load of the data. We will then prepare a limited forecast update which will include updating: actual paid claims, actual and expected gross adjustments, as well as emerging and projected enrollment. Projected expenditures will only change with enrollment levels and gross adjustment expectations. We will target delivery two to three weeks following receipt and loading of monthly claims and enrollment data.

On a quarterly basis we will perform a full forecast update based upon analysis of emerging detail claims data. We will also update the Savings Monitoring Report quarterly in coordination with deadlines set by SCDHHS.

Other projects that are currently under finalization or development by the Indianapolis office of Milliman include: Q1 CY2011 CRCS report (due asap), development of selection and risk adjustment factors for October 2011 capitation rates, and PRTF rate development.

SCDHHS is currently considering the SC Solutions Shared Savings analysis proposal.

Please let me know if you have any concerns or questions. Hopefully this email will be a good reference source for all of us.

Sincerely,

Teresa

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State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of Medicaid Assistance Expenditures - Total Adjusted Expenditures (in millions)

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012	Growth	SFY 2013
DHHS Medicaid Assistance:									
Hospital	963.7	(8.7%)	879.4	4.9%	922.2	(15.9%)	775.1	(0.4%)	772.2
Nursing Home	486.3	8.0%	525.1	2.1%	536.0	(8.0%)	493.0	(0.2%)	492.2
Pharmacy	292.5	(13.9%)	251.9	0.4%	253.0	(9.4%)	229.1	4.3%	238.9
Physicians	260.5	(15.3%)	220.7	(2.5%)	215.1	(8.7%)	196.4	0.0%	196.4
Dental	111.1	11.0%	123.3	(14.1%)	105.9	(5.3%)	100.3	6.1%	106.4
CLTC	140.1	10.1%	154.2	4.7%	161.5	2.4%	165.3	5.2%	173.9
Home Health	12.3	(22.0%)	9.6	(11.4%)	8.5	(0.1%)	8.5	5.9%	9.0
EPSDT	15.8	(33.5%)	10.5	(5.7%)	9.9	(14.1%)	8.5	(1.2%)	8.4
Other Med Prof	50.7	(0.4%)	50.5	(8.8%)	46.0	9.0%	50.2	5.2%	52.8
Transportation	59.9	(3.3%)	57.9	9.5%	63.4	(0.3%)	63.2	(0.2%)	63.1
Lab/X-Ray	35.5	(6.8%)	33.1	3.9%	34.4	(21.2%)	27.1	(2.6%)	26.4
Family Planning	24.6	(8.5%)	22.5	1.3%	22.8	9.6%	25.0	6.0%	26.5
SMI Regular	144.5	7.4%	155.2	12.5%	174.6	7.0%	186.8	6.0%	198.1
SMI-MAO	14.4	9.4%	15.7	7.5%	16.9	3.3%	17.4	4.0%	18.1
Hospice	10.9	14.7%	12.5	0.8%	12.6	5.6%	13.3	4.5%	13.9
OSS	17.4	(3.4%)	16.8	0.6%	16.9	(0.6%)	16.8	0.0%	16.8
IPC	4.3	16.3%	5.0	14.0%	5.7	(5.3%)	5.4	0.0%	5.4
Clinic	72.8	(7.7%)	67.2	(4.4%)	64.3	(0.1%)	64.2	2.0%	65.5
Supply & DME	47.1	(1.1%)	46.6	1.7%	47.4	(8.7%)	43.3	1.2%	43.8
Coordinated Care	778.3	46.2%	1,138.0	38.9%	1,580.6	(13.4%)	1,369.5	14.7%	1,571.5
PACE	11.9	(4.2%)	11.4	4.4%	11.9	16.8%	13.9	10.8%	15.4
MMA Phasedown	72.3	(30.6%)	50.2	(8.4%)	46.0	69.3%	77.9	5.6%	82.3
HCK	12.9	55.8%	20.1	(68.2%)	6.4	(100.0%)	-	-	-
Total DHHS Medicaid Assistance	3,639.8	6.5%	3,877.4	12.5%	4,361.9	(9.4%)	3,950.3	6.2%	4,197.0
Other State Agency Medicaid Assistance:									
Department of Mental Health	131.0	25.4%	164.3	(2.5%)	160.2	(2.1%)	156.9	(0.3%)	156.5
Department of Disabilities & Special Needs	493.2	(0.5%)	490.7	(2.0%)	480.9	(0.9%)	476.8	0.5%	479.3
Department of Health & Environmental Control	14.2	(12.0%)	12.5	8.0%	13.5	0.0%	13.5	0.0%	13.5
Medical University of South Carolina	54.2	(36.7%)	34.3	27.4%	43.7	0.0%	43.7	0.0%	43.7
University of South Carolina	6.9	(7.2%)	6.4	(21.9%)	5.0	0.0%	5.0	0.0%	5.0
Department of Alcohol & Other Drug Abuse Services	16.5	10.9%	18.3	(41.0%)	10.8	0.0%	10.8	0.0%	10.8
Continuum of Care	6.8	4.4%	7.1	(8.5%)	6.5	0.0%	6.5	0.0%	6.5
School for the Deaf & Blind	2.9	(10.3%)	2.6	20.3%	3.1	0.0%	3.1	0.0%	3.1
Department of Social Services	10.1	64.4%	16.6	(27.1%)	12.1	0.0%	12.1	0.0%	12.1
Department of Juvenile Justice	12.9	(69.8%)	3.9	(35.9%)	2.5	0.0%	2.5	0.0%	2.5
Department of Education	47.3	8.5%	51.3	(7.0%)	47.7	1.3%	48.3	(0.2%)	48.2
Commission for the Blind	-	-	-	-	-	-	-	-	-
Department of Corrections	2.1	23.8%	2.6	15.4%	3.0	0.0%	3.0	0.0%	3.0
John De La Howe	0.1	200.0%	0.3	(66.7%)	0.1	0.0%	0.1	0.0%	0.1
Wil Lou Gray Opportunity School	-	-	-	-	-	-	-	-	-
State Housing Authority	0.9	(22.2%)	0.7	42.9%	1.0	0.0%	1.0	0.0%	1.0
Total Other State Agency Medicaid Assistance	799.1	1.6%	811.6	(2.6%)	790.1	(0.9%)	783.3	0.3%	785.3
Other Entities, EDC and GAPS:									
Other Entities	20.1	(40.3%)	12.0	91.7%	23.0	0.0%	23.0	0.0%	23.0
Emotionally Disturbed Children	50.6	(21.7%)	39.6	(9.8%)	35.7	0.8%	36.0	0.0%	36.0
GAPS	12.6	(76.2%)	3.0	(96.7%)	0.1	0.0%	0.1	0.0%	0.1
Total Other Entities, EDC and GAPS83	.3	(34.5%)	54.6	7.7%	58.8	0.5%	59.1	0.0%	59.1
Disproportionate Share (DSH)	464.8	(2.3%)	454.1	9.0%	495.0	1.0%	500.0	0.0%	500.0
Total Medicaid Assistance with DSH	4,987.0	4.2%	5,197.7	9.8%	5,705.8	(7.2%)	5,292.7	4.7%	5,541.5

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Total Adjusted Expenditures (in millions)

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012	Growth	SFY 2013
Hospital Services									
Hospital Inpatient	715.2	(7.6%)	660.7	5.8%	698.8	(15.7%)	588.9	0.3%	590.5
Hospital Outpatient	247.8	(12.1%)	217.9	2.3%	222.9	(16.7%)	185.6	(2.4%)	181.1
NH Swing Beds	0.7	14.3%	0.8	(37.5%)	0.5	20.0%	0.6	0.0%	0.6
Nursing Home Services	486.3	8.0%	525.1	2.1%	536.0	(8.0%)	493.0	(0.2%)	492.2
Hospice	10.9	14.7%	12.5	0.8%	12.6	5.6%	13.3	4.5%	13.9
Physician	260.5	(15.3%)	220.7	(2.5%)	215.1	(8.7%)	196.4	0.0%	196.4
Clinic Services									
Clinic	30.6	(8.2%)	28.1	(12.2%)	24.7	3.0%	25.4	1.6%	25.8
FQHC Clinic	23.7	(2.5%)	23.1	1.3%	23.4	(4.7%)	22.3	0.0%	22.3
RHC Clinic	18.5	(13.5%)	16.0	1.3%	16.2	1.9%	16.5	5.5%	17.4
Lab & X-Ray	35.5	(6.8%)	33.1	3.9%	34.4	(21.2%)	27.1	(2.6%)	26.4
Other Medical Professionals - FFS Only	49.4	(3.4%)	47.7	(16.4%)	39.9	9.7%	43.7	5.5%	46.1
Other Medical Professionals - FFS and MCO Carveout	1.3	115.4%	2.8	120.8%	6.2	5.1%	6.5	3.1%	6.7
EPSDT	15.8	(33.5%)	10.5	(5.7%)	9.9	(14.1%)	8.5	(1.2%)	8.4
Family Planning Services									
Family Planning Other	11.9	(11.8%)	10.5	8.6%	11.4	9.6%	12.5	6.4%	13.3
Family Planning Sterilization	5.0	(4.0%)	4.8	(16.7%)	4.0	15.0%	4.6	6.5%	4.9
Family Planning Rx	7.7	(6.5%)	7.2	2.8%	7.4	6.8%	7.9	5.1%	8.3
Pharmacy Services	292.5	(13.9%)	251.9	0.4%	253.0	(9.4%)	229.1	4.3%	238.9
MMA Phase Down Contributions - 100% State	72.3	(30.6%)	50.2	(8.4%)	46.0	69.3%	77.9	5.6%	82.3
Dental	111.1	11.0%	123.3	(14.1%)	105.9	(5.3%)	100.3	6.1%	106.4
Supply & DME	47.1	(1.1%)	46.6	1.7%	47.4	(8.7%)	43.3	1.2%	43.8
Home Health	12.3	(22.0%)	9.6	(11.4%)	8.5	(0.1%)	8.5	5.9%	9.0
Transportation									
Transportation	9.1	(15.4%)	7.7	1.3%	7.8	(12.8%)	6.8	(1.5%)	6.7
PHP Transportation	50.8	(1.2%)	50.2	10.8%	55.6	1.4%	56.4	0.0%	56.4
Premiums Matched	144.5	7.4%	155.2	12.5%	174.6	7.0%	186.8	6.0%	198.1
Premiums - 100% State	14.4	9.4%	15.7	7.5%	16.9	3.3%	17.4	4.0%	18.1
Optional State Supplement (OSS) - 100% State	17.4	(3.4%)	16.8	0.6%	16.9	(0.6%)	16.8	0.0%	16.8
Integrated Personal Care (IPC)	4.3	16.3%	5.0	14.0%	5.7	(5.3%)	5.4	0.0%	5.4
Coordinated Care									
MCO	763.9	46.6%	1,120.1	38.9%	1,555.6	(13.8%)	1,341.4	14.9%	1,541.2
MHN	12.2	37.7%	16.8	47.6%	24.8	11.2%	27.6	8.0%	29.8
Medically Fragile Children's Program	2.2	(100.0%)	-	-	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	1.1	(81.8%)	0.2	150.0%	0.5	0.0%	0.5
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	131.0	8.7%	142.4	3.7%	147.7	3.5%	152.8	5.1%	160.6
HIV/AIDS Waiver	3.7	27.0%	4.7	8.5%	5.1	3.9%	5.3	1.9%	5.4
Ventilator Waiver	-	-	-	-	-	-	-	-	-
Children's PCA	5.4	25.9%	6.8	19.1%	8.1	(22.2%)	6.3	1.6%	6.4
Medically Complex Children's Program	-	-	0.3	100.0%	0.6	50.0%	0.9	66.7%	1.5
SUBTOTAL	3,615.0	6.4%	3,845.9	12.9%	4,343.6	(9.4%)	3,936.4	6.2%	4,181.6
PACE	11.9	(4.2%)	11.4	4.4%	11.9	16.8%	13.9	10.8%	15.4
Child Health Insurance									
HCK SCHIP Premiums	12.9	55.8%	20.1	(68.2%)	6.4	(100.0%)	-	-	-
TOTAL (State & Federal Estimate)	3,639.8	6.5%	3,877.4	12.5%	4,361.9	(9.4%)	3,950.3	6.2%	4,197.0

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Total Paid Expenditures (in millions)

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012	Growth	SFY 2013
Hospital Services									
Hospital Inpatient	615.0	(2.4%)	600.2	(2.4%)	585.7	(13.0%)	509.7	0.3%	511.3
Hospital Outpatient	211.4	(7.7%)	195.1	0.1%	195.2	(12.6%)	170.6	(2.6%)	166.1
NH Swing Beds	0.7	14.3%	0.8	(37.5%)	0.5	20.0%	0.6	0.0%	0.6
Nursing Home Services	472.3	6.4%	502.6	2.2%	513.9	(5.7%)	484.5	(0.3%)	483.2
Hospice	10.9	14.7%	12.5	0.8%	12.6	5.6%	13.3	4.5%	13.9
Physician	259.9	(15.3%)	220.1	(3.1%)	213.2	(8.8%)	194.5	0.0%	194.5
Clinic Services									
Clinic	29.5	(4.7%)	28.1	(7.5%)	26.0	(2.3%)	25.4	1.6%	25.8
FQHC Clinic	17.9	(16.8%)	14.9	(4.0%)	14.3	(7.7%)	13.2	0.0%	13.2
RHC Clinic	17.8	(12.9%)	15.5	(5.8%)	14.6	2.1%	14.9	6.0%	15.8
Lab & X-Ray	35.5	(6.8%)	33.1	3.9%	34.4	(21.2%)	27.1	(2.6%)	26.4
Other Medical Professionals - FFS Only	49.4	(3.6%)	47.6	(10.1%)	42.8	2.1%	43.7	5.5%	46.1
Other Medical Professionals - FFS and MCO Carveout	1.3	115.4%	2.8	121.4%	6.2	4.8%	6.5	3.1%	6.7
EPSDT	15.8	(33.5%)	10.5	(5.7%)	9.9	(14.1%)	8.5	(1.2%)	8.4
Family Planning Services									
Family Planning Other	11.9	(11.8%)	10.5	8.6%	11.4	9.6%	12.5	6.4%	13.3
Family Planning Sterilization	5.0	(4.0%)	4.8	(16.7%)	4.0	15.0%	4.6	6.5%	4.9
Family Planning Rx	8.1	(3.7%)	7.8	2.6%	8.0	6.3%	8.5	4.7%	8.9
Pharmacy Services	304.4	(13.5%)	263.3	0.6%	265.0	(9.3%)	240.4	4.1%	250.2
MMA Phase Down Contributions - 100% State	-	-	-	-	-	-	-	-	-
Dental	111.1	11.0%	123.3	(14.1%)	105.9	(5.3%)	100.3	6.1%	106.4
Supply & DME	47.1	(1.1%)	46.6	3.9%	48.4	(10.5%)	43.3	1.2%	43.8
Home Health	9.1	(12.1%)	8.0	6.3%	8.5	(2.4%)	8.3	6.0%	8.8
Transportation									
Transportation	9.1	(16.5%)	7.6	2.6%	7.8	(12.8%)	6.8	(1.5%)	6.7
PHP Transportation	50.8	(2.4%)	49.6	(15.1%)	42.1	(100.0%)	-	-	-
Premiums Matched	-	-	-	-	-	-	-	-	-
Premiums - 100% State	-	-	-	-	-	-	-	-	-
Optional State Supplement (OSS) - 100% State	17.4	(3.4%)	16.8	0.0%	16.8	0.0%	16.8	0.0%	16.8
Integrated Personal Care (IPC)	4.3	16.3%	5.0	14.0%	5.7	(5.3%)	5.4	0.0%	5.4
Coordinated Care									
MCO	675.4	38.1%	932.7	51.7%	1,414.5	1.0%	1,429.0	7.4%	1,535.2
MHN	8.8	20.5%	10.6	50.9%	16.0	25.6%	20.1	4.5%	21.0
Medically Fragile Children's Program	2.2	(100.0%)	-	-	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	1.1	(90.9%)	0.1	300.0%	0.4	0.0%	0.4
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	131.0	8.7%	142.4	3.7%	147.7	3.5%	152.8	5.1%	160.6
HIV/AIDS Waiver	3.7	27.0%	4.7	10.6%	5.2	1.9%	5.3	1.9%	5.4
Ventilator Waiver	-	-	-	-	-	-	-	-	-
Children's PCA	5.4	25.9%	6.8	19.1%	8.1	(22.2%)	6.3	1.6%	6.4
Medically Complex Children's Program	-	-	0.2	200.0%	0.6	50.0%	0.9	66.7%	1.5
SUBTOTAL	3,142.2	5.8%	3,325.6	13.8%	3,785.1	(5.6%)	3,574.2	3.7%	3,707.7
PACE	11.7	(2.6%)	11.4	4.4%	11.9	16.8%	13.9	10.8%	15.4
Child Health Insurance									
HCK CHIP Premiums	12.8	52.3%	19.5	(67.7%)	6.3	(100.0%)	-	-	-
HCK Dental	-	-	-	-	-	-	-	-	-
TOTAL (State & Federal Estimate)	3,166.7	6.0%	3,356.5	13.3%	3,803.3	(5.7%)	3,588.1	3.8%	3,723.1

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Expenditure Adjustments (in millions)

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012	Growth	SFY 2013
Hospital Services									
Hospital Inpatient - Settlement, Admin Days, MCO GM	100.2	(39.6%)	60.5	86.9%	113.1	(30.0%)	79.2	0.0%	79.2
Hospital Outpatient - Settlements	36.4	(37.4%)	22.8	21.5%	27.7	(45.8%)	15.0	0.0%	15.0
NH Swing Beds	-	-	-	-	-	-	-	-	-
Nursing Home Services	14.0	60.7%	22.5	(1.8%)	22.1	(61.5%)	8.5	5.9%	9.0
Hospice	-	-	-	-	-	-	-	-	-
Physician	0.6	0.0%	0.6	216.7%	1.9	0.0%	1.9	0.0%	1.9
Clinic Services									
Clinic	1.1	(100.0%)	-	-	(1.2)	(100.0%)	-	-	-
FQHC Clinic	5.8	41.4%	8.2	11.0%	9.1	0.0%	9.1	0.0%	9.1
RHC Clinic	0.7	(28.6%)	0.5	220.0%	1.6	0.0%	1.6	0.0%	1.6
Lab & X-Ray	-	-	-	-	-	-	-	-	-
Other Medical Professionals - FFS Only	-	-	0.1	(200.0%)	(0.1)	(100.0%)	-	-	-
Other Medical Professionals - FFS and MCO Carveout	-	-	-	-	-	-	-	-	-
EPSDT	-	-	-	-	-	-	-	-	-
Family Planning Services									
Family Planning Other	-	-	-	-	-	-	-	-	-
Family Planning Sterilization	-	-	-	-	-	-	-	-	-
Family Planning Rx	(0.4)	50.0%	(0.6)	0.0%	(0.6)	0.0%	(0.6)	0.0%	(0.6)
Pharmacy Services	(11.9)	(4.2%)	(11.4)	(0.9%)	(11.3)	0.0%	(11.3)	0.0%	(11.3)
MMA Phase Down Contributions - 100% State	72.3	(30.6%)	50.2	(8.4%)	46.0	69.3%	77.9	5.6%	82.3
Dental	-	-	-	-	-	-	-	-	-
Supply & DME	-	-	-	-	-	-	-	-	-
Home Health	3.2	(50.0%)	1.6	(87.5%)	0.2	0.0%	0.2	0.0%	0.2
Transportation									
Transportation	-	-	0.1	(100.0%)	-	-	-	-	-
PHP Transportation	-	-	0.6	2150.0%	13.5	317.8%	56.4	0.0%	56.4
Premiums Matched	144.5	7.4%	155.2	12.5%	174.6	7.0%	186.8	6.0%	198.1
Premiums - 100% State	14.4	9.4%	15.7	7.5%	16.9	3.3%	17.4	4.0%	18.1
Optional State Supplement (OSS) - 100% State	-	-	-	-	0.1	(100.0%)	-	-	-
Integrated Personal Care (IPC)	-	-	-	-	-	-	-	-	-
Coordinated Care									
MCO (Kick Payments/Other MCO Adj)	88.5	111.8%	187.4	(24.7%)	141.1	(85.3%)	20.8	(71.1%)	6.0
MHN	3.4	82.4%	6.2	41.9%	8.8	0.0%	8.8	0.0%	8.8
Medically Fragile Children's Program	-	-	-	-	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	-	-	0.1	0.0%	0.1	0.0%	0.1
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	-	-	-	-	-	-	-	-	-
HIV/AIDS Waiver	-	-	-	-	(0.1)	(100.0%)	-	-	-
Ventilator Waiver	-	-	-	-	-	-	-	-	-
Children's PCA	-	-	-	-	-	-	-	-	-
Medically Complex Children's Program	-	-	0.1	(100.0%)	-	-	-	-	-
SUBTOTAL	472.8	10.1%	520.3	8.3%	563.5	(16.3%)	471.8	0.5%	473.9
PACE	0.2	(100.0%)	-	-	-	-	-	-	-
Child Health Insurance									
HCK SCHIP Premiums	0.1	500.0%	0.6	(83.3%)	0.1	(100.0%)	-	-	-
TOTAL (State & Federal Estimate)	473.1	10.1%	520.9	8.2%	563.6	(16.3%)	471.8	0.5%	473.9

State of South Carolina
Department of Health and Human Services
Medicaid Financial Forecast

Summary of DHHS Medicaid Assistance - Cost Saving Initiatives (in millions)

Program Type: All Program Types - FFS, MHN, MCO, RSP
Population Grouping: All Populations

	SFY 2009	Growth	SFY 2010	Growth	SFY 2011	Growth	SFY 2012	Growth	SFY 2013
Hospital Services									
Hospital Inpatient - Settlement, Admin Days, MCO GM	-	-	-	-	-	-	-	-	-
Hospital Outpatient - Settlements	-	-	-	-	(0.0)	(100.0%)	-	-	-
NH Swing Beds	-	-	-	-	-	-	-	-	-
Nursing Home Services	-	-	-	-	-	-	-	-	-
Hospice	-	-	-	-	-	-	-	-	-
Physician	-	-	-	-	(0.0)	(100.0%)	-	-	-
Clinic Services									
Clinic	-	-	-	-	(0.1)	(100.0%)	-	-	-
FQHC Clinic	-	-	-	-	-	-	-	-	-
RHC Clinic	-	-	-	-	-	-	-	-	-
Lab & X-Ray	-	-	-	-	-	-	-	-	-
Other Medical Professionals - FFS Only	-	-	-	-	(2.8)	(100.0%)	-	-	-
Other Medical Professionals - FFS and MCO Carveout	-	-	-	-	(0.0)	(100.0%)	-	-	-
EPSTD	-	-	-	-	-	-	-	-	-
Family Planning Services									
Family Planning Other	-	-	-	-	-	-	-	-	-
Family Planning Sterilization	-	-	-	-	-	-	-	-	-
Family Planning Rx	-	-	-	-	-	-	-	-	-
Pharmacy Services	-	-	-	-	(0.7)	(100.0%)	-	-	-
MMA Phase Down Contributions - 100% State	-	-	-	-	-	-	-	-	-
Dental	-	-	-	-	-	-	-	-	-
Supply & DME	-	-	-	-	(1.0)	(100.0%)	-	-	-
Home Health	-	-	-	-	(0.2)	(100.0%)	-	-	-
Transportation									
Transportation	-	-	-	-	-	-	-	-	-
PHP Transportation	-	-	-	-	-	-	-	-	-
Premiums Matched	-	-	-	-	-	-	-	-	-
Premiums - 100% State	-	-	-	-	-	-	-	-	-
Optional State Supplement (OSS) - 100% State	-	-	-	-	-	-	-	-	-
Integrated Personal Care (IPC)	-	-	-	-	-	-	-	-	-
Coordinated Care									
MCO (Kick Payments/Other MCO Adj)	-	-	-	-	-	-	(108.3)	(100.0%)	-
MHN	-	-	-	-	-	-	(1.3)	(100.0%)	-
Medically Fragile Children's Program	-	-	-	-	-	-	-	-	-
Medically Complex Children's Program - MHN	-	-	-	-	-	-	-	-	-
Community Long Term Care									
Elderly and Disabled Waiver (Community Choices)	-	-	-	-	-	-	-	-	-
HIV/AIDS Waiver	-	-	-	-	-	-	-	-	-
Ventilator Waiver	-	-	-	-	-	-	-	-	-
Children's PCA	-	-	-	-	-	-	-	-	-
Medically Complex Children's Program	-	-	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	(5.0)	2109.6%	(109.6)	(100.0%)	-
PACE	-	-	-	-	-	-	-	-	-
Child Health Insurance									
HCK SCHIP Premiums	-	-	-	-	-	-	-	-	-
TOTAL (State & Federal Estimate)	-	-	-	-	(5.0)	2109.6%	(109.6)	(100.0%)	-

From: <teresa.wilder@milliman.com>
To: Roy Hess <HESSROY@scdhhs.gov>, <EDDINS@scdhhs.gov>
CC: <rob.damler@milliman.com>, <Marlene.Howard@Milliman.com>, <Amy.Coleman@M...>
Date: 8/29/2011 3:47 PM
Subject: DRAFT Quarterly Savings Model for SFY 2012
Attachments: Savings initiatives not modeled.xlsx; FY2012 Savings Monitoring Results DRAFT 082911.xlsx

Laurel and Roy,

A DRAFT version of the Quarterly Savings Model for SFY 2012 has been attached. The attached savings model illustrates the Baseline Forecast, Targeted Savings and SCDHHS Budget by quarter for SFY 2012. The Baseline Forecast was developed from two updated versions of the Summer 2011 Medicaid Assistance Forecast. The first update will replace our previous Summer 2011 DRAFT Forecast which was emailed on August 10, 2011. The second updated forecast, the Baseline Forecast for the savings model, is consistent with the updated Summer 2011 Forecast, but has been adjusted to remove the impact of all savings initiatives implemented in February, April and July 2011.

We will be providing full documentation corresponding to the updated Summer 2011 Forecast within approximately one week. The primary changes to the updated Summer 2011 Forecast as compared to the August 10, 2011 version include the following:

Modeling of seasonality for certain categories of service such as Hospital, Nursing Home, and EPSDT.
Revision of the modeled cost savings for the payment shift for MCO and MHN

Revision of the modeled cost savings for Other Medical Professional - FFS Only

Enhancement of the modeled cost savings initiatives so that the total amount of targeted savings included in the Forecast is as complete as possible.

The seasonality modeling had very limited impact on projected expenditures. The revised/enhanced modeling of several cost savings initiatives reduced the projected expenditures for SFY 2012 by approximately \$38 million.

The attached DRAFT version of the Quarterly Savings Model targets savings of \$462.9 million in total funds for SFY 2012. In addition to the initiatives modeled, we have attached a list of the savings initiatives discussed by SCDHHS which are not reflected in our forecast or savings model. These initiatives are currently estimated at \$72.5 million in total funds; however, SCDHHS should carefully review the list as well as all of the attached DRAFT materials to verify our understanding is consistent with SCDHHS expectations.

One of the most critical elements related to understanding the difference between the Baseline Forecast and the Summer 2011 Forecast is the savings generated by the April 2011 Capitation rates. The savings initiatives targeted a 1% savings for MCO in addition to the FFS savings elements and the administrative cost reduction. In the development of the April 2011 capitation rates, base data changes created an approximate 4% reduction in

rates before inclusion of the other adjustments. The extra 3% savings generates a significant reduction (approximately \$48.5 million) in projected Medicaid expenditures for SFY 2012. The additional capitation rate savings supplements the savings initiatives in the projection of a SFY 2012 expenditure estimate of which is lower than the SCDHHS budget of \$3.974 billion.

Please let us know if you have any questions.

Sincerely,

Teresa

32SCM37

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Qualifications:

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I

meet the qualification standards for performing the analyses in this report.

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State of South Carolina
Department of Health and Human Services

Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
Q1 FY2012
(\$millions)

	Actual vs. Baseline						% Annual Targeted Savings	Budget	Actual vs. Budget
	<u>Baseline Forecast</u>	<u>Targeted Savings</u>	<u>Actual CCA8500</u>	<u>Savings Initiatives</u>	<u>Other</u>	<u>Total</u>			
Hospital Services	217.4	(9.4)			-	-	-	201.8	-
Nursing Home Services	129.4	(9.7)			-	-	-	119.3	-
Hospice	3.3	-			-	-	-	3.0	-
Physician	53.3	(2.4)			-	-	-	48.9	-
Clinic Services	17.0	(0.5)			-	-	-	15.9	-
Lab & X-Ray	8.4	(0.6)			-	-	-	7.5	-
Other Medical Professionals	13.9	(4.1)			-	-	-	11.5	-
EPSDT	2.7	(0.1)			-	-	-	2.9	-
Family Planning Services	6.3	(0.2)			-	-	-	5.6	-
Pharmacy Services	63.6	(5.2)			-	-	-	54.5	-
MMA Phase Down Contributions - 100% State	18.4	-			-	-	-	18.7	-
Dental	29.8	(5.3)			-	-	-	23.1	-
Supply & DME	12.2	(2.1)			-	-	-	9.7	-
Home Health	2.3	(0.1)			-	-	-	1.5	-
Transportation	16.4	(0.5)			-	-	-	15.7	-
Premiums Matched	45.4	-			-	-	-	43.5	-
Premiums - 100% State	4.3	-			-	-	-	4.2	-
Optional State Supplement (OSS) - 100% State	4.2	-			-	-	-	4.2	-
Integrated Personal Care (IPC)	1.5	(0.1)			-	-	-	1.2	-
Coordinated Care	406.1	(154.8)			-	-	-	255.5	-
Community Long Term Care	42.8	(2.0)			-	-	-	39.5	-
PACE	3.2	-			-	-	-	2.7	-
TOTAL MEDICAID SERVICES	1,102.1	(197.1)	-	-	-	-	0.0%	890.3	-

State of South Carolina
Department of Health and Human Services

Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
Q2 FY2012
(\$millions)

	<u>Baseline Forecast</u>	<u>Targeted Savings</u>	<u>Actual CCA8500</u>	<u>Actual vs. Baseline</u>			<u>% Annual Targeted Savings</u>	<u>Budget</u>	<u>Actual vs. Budget</u>
				<u>Savings Initiatives</u>	<u>Other</u>	<u>Total</u>			
Hospital Services	207.2	(13.1)			-	-	-	188.3	-
Nursing Home Services	133.8	(10.3)			-	-	-	123.2	-
Hospice	3.3	-			-	-	-	3.0	-
Physician	51.1	(2.8)			-	-	-	46.3	-
Clinic Services	16.6	(0.7)			-	-	-	15.3	-
Lab & X-Ray	7.4	(0.7)			-	-	-	6.5	-
Other Medical Professionals	13.4	(4.1)			-	-	-	10.9	-
EPSDT	2.3	(0.1)			-	-	-	2.4	-
Family Planning Services	6.4	(0.2)			-	-	-	5.6	-
Pharmacy Services	62.7	(5.5)			-	-	-	53.4	-
MMA Phase Down Contributions - 100% State	19.4	-			-	-	-	19.7	-
Dental	30.4	(5.6)			-	-	-	23.4	-
Supply & DME	12.0	(2.5)			-	-	-	9.2	-
Home Health	2.2	(0.2)			-	-	-	1.4	-
Transportation	16.3	(0.5)			-	-	-	15.6	-
Premiums Matched	45.6	-			-	-	-	43.6	-
Premiums - 100% State	4.3	-			-	-	-	4.2	-
Optional State Supplement (OSS) - 100% State	4.2	-			-	-	-	4.3	-
Integrated Personal Care (IPC)	1.5	(0.1)			-	-	-	1.2	-
Coordinated Care	408.8	(39.7)			-	-	-	397.1	-
Community Long Term Care	43.0	(2.1)			-	-	-	39.5	-
PACE	3.4	-			-	-	-	2.9	-
TOTAL MEDICAID SERVICES	1,095.4	(88.1)	-	-	-	-	0.0%	1,017.0	-

State of South Carolina
Department of Health and Human Services

Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
Q3 FY2012
(\$millions)

	<u>Baseline Forecast</u>	<u>Targeted Savings</u>	<u>Actual CCA8500</u>	<u>Actual vs. Baseline</u>			<u>% Annual Targeted Savings</u>	<u>Budget</u>	<u>Actual vs. Budget</u>
				<u>Savings Initiatives</u>	<u>Other</u>	<u>Total</u>			
Hospital Services	204.5	(14.3)			-	-	-	184.5	-
Nursing Home Services	136.0	(10.5)			-	-	-	125.1	-
Hospice	3.4	-			-	-	-	3.0	-
Physician	52.9	(3.0)			-	-	-	47.8	-
Clinic Services	16.5	(0.7)			-	-	-	15.1	-
Lab & X-Ray	7.2	(0.7)			-	-	-	6.3	-
Other Medical Professionals	13.3	(4.1)			-	-	-	10.8	-
EPSDT	2.0	(0.1)			-	-	-	2.2	-
Family Planning Services	6.5	(0.2)			-	-	-	5.7	-
Pharmacy Services	61.1	(5.4)			-	-	-	52.0	-
MMA Phase Down Contributions - 100% State	19.9	-			-	-	-	20.2	-
Dental	30.9	(5.6)			-	-	-	23.8	-
Supply & DME	12.0	(2.6)			-	-	-	9.0	-
Home Health	2.3	(0.2)			-	-	-	1.4	-
Transportation	16.2	(0.5)			-	-	-	15.5	-
Premiums Matched	47.9	-			-	-	-	45.8	-
Premiums - 100% State	4.4	-			-	-	-	4.3	-
Optional State Supplement (OSS) - 100% State	4.2	-			-	-	-	4.3	-
Integrated Personal Care (IPC)	1.5	(0.1)			-	-	-	1.2	-
Coordinated Care	425.2	(41.5)			-	-	-	411.6	-
Community Long Term Care	44.1	(2.2)			-	-	-	40.6	-
PACE	3.6	-			-	-	-	3.1	-
TOTAL MEDICAID SERVICES	1,115.7	(91.7)	-	-	-	-	0.0%	1,033.5	-

State of South Carolina
Department of Health and Human Services

Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
Q4 FY2012
(\$millions)

	<u>Baseline Forecast</u>	<u>Targeted Savings</u>	<u>Actual CCA8500</u>	<u>Actual vs. Baseline</u>			<u>% Annual Targeted Savings</u>	<u>Budget</u>	<u>Actual vs. Budget</u>
				<u>Savings Initiatives</u>	<u>Other</u>	<u>Total</u>			
Hospital Services	195.9	(13.6)			-	-	-	176.8	-
Nursing Home Services	134.9	(10.4)			-	-	-	124.1	-
Hospice	3.4	-			-	-	-	3.0	-
Physician	49.8	(2.9)			-	-	-	45.0	-
Clinic Services	16.4	(0.7)			-	-	-	15.1	-
Lab & X-Ray	6.9	(0.7)			-	-	-	6.0	-
Other Medical Professionals	13.2	(4.0)			-	-	-	10.7	-
EPSDT	2.0	(0.1)			-	-	-	2.1	-
Family Planning Services	6.5	(0.2)			-	-	-	5.8	-
Pharmacy Services	60.4	(5.3)			-	-	-	51.4	-
MMA Phase Down Contributions - 100% State	20.2	-			-	-	-	20.5	-
Dental	31.4	(5.7)			-	-	-	24.2	-
Supply & DME	12.0	(2.6)			-	-	-	9.1	-
Home Health	2.3	(0.2)			-	-	-	1.4	-
Transportation	16.2	(0.5)			-	-	-	15.5	-
Premiums Matched	48.1	-			-	-	-	46.0	-
Premiums - 100% State	4.4	-			-	-	-	4.3	-
Optional State Supplement (OSS) - 100% State	4.2	-			-	-	-	4.3	-
Integrated Personal Care (IPC)	1.5	(0.1)			-	-	-	1.2	-
Coordinated Care	439.2	(40.8)			-	-	-	423.3	-
Community Long Term Care	43.9	(2.2)			-	-	-	40.4	-
PACE	3.8	-			-	-	-	3.3	-
TOTAL MEDICAID SERVICES	1,116.5	(90.0)	-	-	-	-	0.0%	1,033.4	-

State of South Carolina
Department of Health and Human Services

Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
YTD FY2012
(\$millions)

	<u>Baseline Forecast</u>	<u>Targeted Savings</u>	<u>Actual CCA8500</u>	<u>Actual vs. Baseline</u>			<u>% Annual Targeted Savings</u>	<u>Budget</u>	<u>Actual vs. Budget</u>
				<u>Savings Initiatives</u>	<u>Other</u>	<u>Total</u>			
Hospital Services	824.9	(50.4)	-	-	-	-	0.0%	751.4	-
Nursing Home Services	534.0	(41.0)	-	-	-	-	0.0%	491.7	-
Hospice	13.3	-	-	-	-	-	0.0%	12.0	-
Physician	207.1	(11.1)	-	-	-	-	0.0%	187.9	-
Clinic Services	66.6	(2.5)	-	-	-	-	0.0%	61.4	-
Lab & X-Ray	29.9	(2.7)	-	-	-	-	0.0%	26.3	-
Other Medical Professionals	53.9	(16.2)	-	-	-	-	0.0%	44.0	-
EPSDT	9.0	(0.4)	-	-	-	-	0.0%	9.6	-
Family Planning Services	25.8	(0.8)	-	-	-	-	0.0%	22.7	-
Pharmacy Services	247.9	(21.4)	-	-	-	-	0.0%	211.3	-
MMA Phase Down Contributions - 100% State	77.9	-	-	-	-	-	0.0%	79.0	-
Dental	122.6	(22.2)	-	-	-	-	0.0%	94.4	-
Supply & DME	48.2	(9.7)	-	-	-	-	0.0%	37.0	-
Home Health	9.1	(0.6)	-	-	-	-	0.0%	5.7	-
Transportation	65.1	(1.9)	-	-	-	-	0.0%	62.3	-
Premiums Matched	186.9	-	-	-	-	-	0.0%	179.0	-
Premiums - 100% State	17.4	-	-	-	-	-	0.0%	17.0	-
Optional State Supplement (OSS) - 100% State	16.8	-	-	-	-	-	0.0%	17.0	-
Integrated Personal Care (IPC)	6.0	(0.6)	-	-	-	-	0.0%	4.9	-
Coordinated Care	1,679.3	(276.8)	-	-	-	-	0.0%	1,487.5	-
Community Long Term Care	173.8	(8.5)	-	-	-	-	0.0%	160.0	-
PACE	13.9	-	-	-	-	-	0.0%	12.0	-
TOTAL MEDICAID SERVICES	4,429.6	(467.0)	-	-	-	-	0.0%	3,974.2	-

**South Carolina Department of Health and Human Services
Medicaid Assistance Savings Initiatives
Not Reflected in Milliman Forecast**

<u>Savings Initiative</u>	<u>Estimated State General Funds</u>	<u>Estimated Total Funds</u>
Replace the SGF Match for GME & Teaching Supplemental Payments with Donated Funds by Other Entities	\$ 6,200,000	\$ 20,798,390
Eliminate GME for Out of State Providers	\$ 1,700,000	\$ 5,702,784
10% reduction for in-state IP GME reimbursement for SC hospitals	\$ 2,300,000	\$ 7,715,532
In State DSH Reduction	\$ 4,600,000	\$ 15,431,063
Out of State DSH Reduction	\$ 225,000	\$ 754,780
Increased Fraud and Abuse Collections	\$ 1,800,000	\$ 6,000,000
Reduce all state match contracts by 5% - this would be accomplished during contract negotiations.	\$ 1,104,082	\$ 3,680,273
Reduction in rent payments - leases have been renegotiated to reflect reduced lease costs in the softer real estate market and reduction of square footage	\$ 47,624	\$ 158,747
30% reduction in cell phones	\$ 34,444	\$ 114,814
Office supply reduction	\$ 30,600	\$ 102,000
National Correct Coding Initiative - This solicitation is to comply with federal requirements to provide services to determine payment policy determination, administration and support for SCDHHS to enhance the current editing within the Medicaid Management Information System (MMIS) by including National Correct Coding Initiative Edits and control improper coding and inappropriate payments.	\$ 3,600,000	\$ 12,000,000
Total	\$ 21,641,750	\$ 72,458,383

Appendix E:
Draft Service Utilization Trend Reports,
Approved Draft of County Statistics for Proviso

Draft 1

Budget Unit Code	Budget Unit	Jul 2011 Patients	Aug 2011 Patients	Sep 2011 Patients	Jul 2011 Claims Paid	Aug 2011 Claims Paid	Sep 2011 Claims Paid	Jul 2011 Service Count	Aug 2011 Service Count	Sep 2011 Service Count	Jul 2011 Visits Patient	Aug 2011 Visits Patient	Sep 2011 Visits Patient
Medicaid Assistance	CLTC Based Services	13,699	13,600	13,884	169,081	136,419	169,987	462,079	380,149	474,995	281,646	230,714	285,211
	Clinical Services	26,484	23,691	29,414	37,887	32,115	41,605	46,384	38,973	49,399	38,708	33,335	42,268
	Coordinated Care* XX	0	0	0	0	0	0	0	0	0	0	0	0
	Dental Services	49,452	50,288	54,573	59,936	60,141	66,327	216,822	221,705	240,857	58,373	58,603	63,608
	Durable Medical Equipment	19,242	15,811	17,641	32,564	24,666	29,538	60,252	44,851	55,138	32,494	24,809	29,500
	EPSDT	11,564	11,032	12,891	12,005	11,336	13,287	11,995	11,322	13,273	12,008	11,348	13,284
	Family Planning	21,760	24,950	26,155	27,327	29,803	32,584	22,148	19,776	25,536	31,357	32,149	36,203
	Home Health	991	888	1,067	1,988	1,685	2,244	7,025	6,066	7,988	5,615	4,983	6,351
	Hospice Program	254	243	273	471	412	504	798	869	1,247	821	877	1,252
	Hospital Services	55,961	49,631	57,091	81,157	68,462	82,060	424,987	358,851	429,495	81,323	68,815	82,097
	Integrated Personal Care	957	961	957	989	974	979	972	966	965	988	977	979
	Lab and X-Ray	29,681	25,907	31,690	51,430	42,253	53,383	110,969	93,041	110,967	42,146	35,009	44,210
	MMA Phase Down Contributions*	0	0	0	0	0	0	0	0	0	0	0	0
	MUSC Transplants	965	1,074	1,109	3,308	3,428	3,833	4,407	4,419	5,094	2,808	2,892	3,125
	Medical Professional	21,681	20,923	24,129	40,425	35,780	44,607	67,813	60,535	78,087	46,837	39,814	50,297
	Nursing Home Services	10,823	10,633	10,773	13,072	12,471	12,691	12,450	11,802	12,143	13,197	12,631	12,800
	Optional State Supplemental PACE*	3,705	3,688	3,668	4,021	3,832	3,843	3,967	3,785	3,790	4,020	3,844	3,839
	Pharmaceutical Services	110,257	99,811	116,486	301,035	242,627	311,283	0	0	0	201,184	161,928	208,793
	Physician Services	103,490	89,391	102,989	221,245	174,292	209,637	323,601	255,483	309,007	213,745	170,338	201,400
	Premiums 100% State*	0	0	0	0	0	0	0	0	0	0	0	0
	Premiums Matched*	0	0	0	0	0	0	0	0	0	0	0	0
	Transportation*	3,245	2,797	2,931	3,989	3,464	3,723	7,558	6,582	7,092	4,234	3,664	3,819
State Agencies	Continuum of Care	172	394	212	820	1,535	927	2,116	7,307	2,841	1,916	7,056	2,604
	Dept of Alcohol & Other Drug Abuse	2,377	2,284	2,625	6,735	5,702	7,246	18,932	15,292	20,812	12,398	10,731	13,446
	Dept of Corrections	30	24	27	55	65	72	495	519	619	53	64	83
	Dept of Disabilities & Spcl Needs	14,888	13,995	14,874	57,362	57,641	64,103	241,584	277,832	309,420	202,617	222,464	248,274
	Dept of Education	16,710	10,732	21,078	39,598	25,234	36,191	134,501	62,616	92,449	129,949	60,714	91,011
	Dept of Health & Environ Control	9,870	10,006	12,118	14,162	14,927	17,728	27,356	24,794	32,167	11,253	11,337	13,312
	Dept of Juvenile Justice	349	256	320	958	1,219	1,599	1,677	1,761	2,233	1,522	1,529	1,904
	Dept of Mental Health	16,440	18,246	19,099	60,966	67,440	64,907	61,038	67,996	66,273	55,087	59,489	57,950
	Dept of Social Services	446	1,166	327	1,827	2,120	1,192	8,599	8,728	4,199	7,526	8,029	3,600
	School for Deaf & Blind	120	152	470	209	161	1,278	1,144	361	6,297	953	330	5,399
	State Housing Authority	63	41	60	63	41	60	63	41	60	63	41	60
	University of SC	14	7	15	14	10	17	14	10	17	14	10	17
	Wil Lou Gray Opportunity School	0	0	45	0	0	113	0	0	632	0	0	632
DSH, Other Entities & EDC	Disproportionate Share*	0	0	0	0	0	0	0	0	0	0	0	0
	Other Entities Funds	293	259	297	965	670	994	2,228	1,768	2,484	1,931	1,469	2,090
	Emotionally Disturbed Children	1,062	1,026	1,040	7,208	7,186	8,748	21,254	21,293	26,933	19,415	19,087	23,764

* Programs that have claims paid by premiums or gross level adjustments will report zeros because the components needed to count are not populated on those claim types. Transportation will only show the emergency trips as the broker will contain the non-emergent trips.

XX

Do not
leave 000
add figures
from other
report &
foot note
in months

Subset
Record Type

All Data
Encounter HMO

	Jul-11	Aug-11	Sep-11
Provider Type	Patients	Patients	Patients
CLTC Group	-	1	-
CLTC Individual	17	27	22
Chiropractor Group	1	4	7
Chiropractor Individual	365	361	433
DME	4,150	5,206	4,848
Dentist Individual	22	25	33
HMO	140,637	138,830	131,895
Home Health/Hospice	939	911	1,077
Individual MCCA (QMB)	-	1	6
Inpatient Hosp	14,057	7,517	8,942
LAB	12,586	11,190	16,241
Medical Clinics	5,332	6,500	6,828
Medical Professional	15,147	14,981	14,311
Mental Health and Rehab	94	65	70
Nursing Home	-	5	3
Optician Individual	602	1,013	198
Optometrist Group	240	222	225
Optometrist Individual	4,551	4,545	6,026
Outpatient Hosp	48,820	42,506	48,434
Pharmacy	371	391	443
Physician Group	4,046	3,109	3,008
Physician Individual	134,643	138,569	150,725
Podiatrist Ind	297	273	262
Podiatrist, Group	1	12	1
Transportation Ambulance	2,943	3,376	3,601
X-Ray	1,814	1,634	2,405
Other	4,136	3,873	3,599

Draft 2

Medicaid Trend Data

		QTR 3 2010 Non HMO Member Months: 1,341,650				QTR 3 2011 Non HMO Member Months: 1,343,740				Comparison - % Change Non HMO Member Months Change: 0.2%			
Budget Unit Code	Budget Unit	Patients	Claims Paid	Service Count	Visits Patient	Patients	Claims Paid	Service Count	Visits Patient	Patients	Claims Paid	Service Count	Visits Patient
Medicaid Assistance	CLTC Based Services	14,209	441,134	1,179,925	731,232	14,507	475,487	1,317,223	787,430	2.1%	7.8%	11.6%	7.7%
	Clinical Services	58,228	113,943	161,560	123,169	57,862	111,607	134,756	113,787	-0.6%	-2.1%	-16.6%	-7.6%
	Coordinated Care**	1,169,852	0	0	0	1,322,253	0	0	0	13.0%	0.0%	0.0%	0.0%
	Dental Services	115,389	156,371	542,195	149,906	135,200	186,404	679,384	179,185	17.2%	19.2%	25.3%	19.5%
	Durable Medical Equipment	36,060	100,985	172,950	99,360	32,759	86,768	160,241	84,311	-9.2%	-14.1%	-7.3%	-15.1%
	EPSDT	33,010	37,234	37,153	37,152	32,303	36,628	36,590	36,587	-2.1%	-1.6%	-1.5%	-1.5%
	Emotionally Disturbed Children	1,368	10,840	36,075	32,290	1,269	23,142	69,480	60,784	-7.2%	113.5%	92.6%	88.2%
	Family Planning	36,475	73,208	65,030	84,272	47,321	89,714	67,460	97,386	29.7%	22.5%	3.7%	15.6%
	Home Health	1,944	6,821	25,103	19,707	1,749	5,917	21,079	16,703	-10.0%	-13.3%	-16.0%	-15.2%
	Hospice Program	455	1,343	3,621	3,596	461	1,387	2,914	2,934	1.3%	3.3%	-19.5%	-18.4%
	Hospital Services	124,461	235,733	1,182,914	235,289	119,765	231,679	1,213,333	229,559	-3.8%	-1.7%	2.6%	-2.4%
	Integrated Personal Care	1,028	2,946	2,908	2,948	1,025	2,942	2,903	2,928	-0.3%	-0.1%	-0.2%	-0.7%
	Lab and X-Ray	73,871	164,986	335,996	133,809	65,482	147,066	314,977	116,527	-11.4%	-10.9%	-6.3%	-12.9%
	MMA Phase Down Contributions*	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	MUSC Transplants	1,644	5,184	5,744	5,158	1,884	10,569	13,920	8,618	14.6%	103.9%	142.3%	67.1%
	Medical Professional	56,973	123,760	218,890	137,458	51,132	120,812	206,435	132,621	-10.3%	-2.4%	-5.7%	-3.5%
	Nursing Home Services	12,547	38,916	37,123	38,590	12,363	38,234	36,395	37,977	-1.5%	-1.8%	-2.0%	-1.6%
	Optional State Supplemental	3,884	11,691	11,530	11,679	3,889	11,696	11,542	11,625	0.1%	0.0%	0.1%	-0.5%
	PACE*	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	Pharmaceutical Services	179,831	940,912	0	610,847	167,043	854,945	0	560,858	-7.1%	-9.1%	#DIV/0!	-8.2%
	Physician Services	214,347	733,937	1,091,310	676,999	193,242	605,174	888,091	558,792	-9.8%	-17.5%	-18.6%	-17.5%
	Premiums 100% State*	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	Premiums Matched*	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	Transportation	8,167	11,781	21,969	12,045	7,854	11,176	21,232	11,615	-3.8%	-5.1%	-3.4%	-3.6%
State Agencies	Continuum of Care	381	2,416	10,320	9,403	406	3,282	12,264	11,002	6.6%	35.8%	18.8%	17.0%
	Dept of Alcohol & Other Drug Abuse	3,889	15,137	40,808	28,331	4,164	19,683	55,036	35,179	7.1%	30.0%	34.9%	24.2%
	Dept of Corrections	40	76	656	98	69	192	1,633	185	72.5%	152.6%	148.9%	88.8%
	Dept of Disabilities & Spcl Needs	16,771	153,825	640,217	531,269	16,556	179,106	828,836	633,438	-1.3%	16.4%	29.5%	19.2%
	Dept of Education	36,606	95,208	264,051	250,751	39,134	101,023	289,566	261,150	6.9%	6.1%	9.7%	4.1%
	Dept of Health & Environ Control	23,890	38,334	80,439	29,251	27,452	46,817	84,317	35,111	14.9%	22.1%	4.8%	20.0%
	Dept of Juvenile Justice	605	3,140	5,154	4,869	676	3,776	5,671	4,914	11.7%	20.3%	10.0%	0.9%
	Dept of Mental Health	28,660	158,476	161,859	142,916	28,859	193,313	195,307	169,329	0.7%	22.0%	20.7%	18.5%
	Dept of Social Services	1,830	4,501	14,943	13,802	1,395	5,139	21,526	18,952	-23.8%	14.2%	44.1%	37.3%
	John De La Howe	52	293	1,549	1,409	0	0	0	0	-100.0%	-100.0%	-100.0%	-100.0%
	School for Deaf & Blind	586	2,945	10,081	8,279	515	1,648	7,802	6,642	-12.1%	-44.0%	-22.6%	-19.8%
	State Housing Authority	227	228	227	229	160	164	164	164	-29.5%	-28.1%	-27.8%	-28.4%
	University of SC	299	335	337	335	23	41	41	41	-92.3%	-87.8%	-87.8%	-87.8%
	Wil Lou Gray Opportunity School	64	163	729	727	45	113	632	632	-29.7%	-30.7%	-13.3%	-13.1%
DSH and Other Entities and Miscellaneous	Disproportionate Share*	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
	Other Entities Funds	1,677	4,346	9,118	7,705	597	2,629	6,480	5,385	-64.4%	-39.5%	-28.9%	-30.1%

* Programs that have claims paid by premiums or gross level adjustments will report zeros because the components needed to count are not populated on those claim types. Transportation will only show the emergency trips as the broker will contain the non-emergent trips.

**Member months are reflected in place of patients.

remove
QA

by Artr
July - Sept 10
July - Sept 11

Time Period Jul 2011 - Sep 2011

All Data

Budget Unit Code	Budget Unit	Net Expenditures after Claim Recoup Amt	Patients Recps	Claims Paid	Service Count	Visits Patient Recipients
3746	Hospital Services	\$199,127,100.51	119,713	231,679	1,215,902	229,437
3748	Nursing Home Services	\$127,529,220.89	12,362	38,234	36,414	37,960
3749	Physician Services	\$44,435,713.92	193,217	605,174	888,548	558,672
3750	Dental Services	\$27,677,319.52	135,200	186,404	679,384	179,185
3751	Pharmaceutical Services	\$54,257,621.20	167,043	854,945	N/A	560,858
3759	Family Planning	\$5,923,404.45	47,320	89,714	67,465	97,384
3760	Premiums Matched	\$46,051,172.20	0	N/A	N/A	0
3761	Premiums 100% State	\$4,389,662.20	0	N/A	N/A	0
3765	Dept of Mental Health	\$24,645,740.66	28,855	193,313	195,353	169,291
3767	Dept of Disabilities & Spcl Ne	\$127,289,339.57	16,556	179,106	828,892	633,433
3884	Dept of Health & Environ Contr	\$3,831,124.14	27,449	46,817	84,340	35,104
4072	University of SC	\$24,869.36	23	41	41	41
4297	CLTC Based Services	\$39,591,280.72	14,507	475,487	1,317,845	787,430
5084	MUSC Transplants	\$9,383,241.01	1,884	10,569	13,934	8,616
5342	Dept of Alcohol & Other Drug A	\$4,752,843.40	4,161	19,683	55,080	35,150
5442	Continuum of Care	\$1,860,126.68	406	3,282	12,264	11,002
5443	School for Deaf & Blind	\$335,866.45	515	1,648	7,802	6,642
5793	Dept of Social Services	\$1,762,971.28	1,395	5,139	21,526	18,952
5794	Dept of Juvenile Justice	\$494,683.94	676	3,776	5,671	4,914
5795	Dept of Education	\$7,187,753.08	39,134	101,023	289,569	261,150
5953	Hospice Program	\$3,149,519.23	461	1,387	2,914	2,934
6297	Emotionally Disturbed Children	\$7,949,428.03	1,269	23,142	69,482	60,784
6945	Optional State Supplemental	\$4,184,369.90	3,889	11,696	11,550	11,625
7082	Integrated Personal Care	\$1,337,985.74	1,025	2,942	2,903	2,928
7259	Clinical Services	\$16,584,873.85	57,799	111,607	134,913	113,650
7260	Durable Medical Equipment	\$10,631,681.39	32,759	86,768	160,330	84,304
7746	Other Entities Funds	\$2,387,300.33	597	2,629	6,480	5,385
7801	Coordinated Care	\$263,591,710.14	0	N/A	N/A	0
8138	Wil Lou Gray Opportunity Schoo	\$4,194.81	45	113	632	632
8142	Dept of Corrections	\$1,409,017.63	69	192	1,633	185
8182	PACE	\$2,944,081.00	0	N/A	N/A	0
8184	Disproportionate Share	\$130,503,189.00	0	N/A	N/A	0
8227	State Housing Authority	\$164,768.91	160	164	164	164
8353	MMA Phase Down Contributions	\$18,830,177.93	0	N/A	N/A	0
8785	Home Health	\$1,822,646.87	1,749	5,917	21,079	16,703
8786	EPSDT	\$2,643,683.60	32,303	36,628	36,595	36,585
8787	Medical Professional	\$11,557,396.64	51,128	120,812	206,488	132,613
8788	Transportation	\$11,650,002.98	7,854	11,176	21,233	11,615
8789	Lab and X-Ray	\$7,265,741.95	65,480	147,066	315,030	116,491
~	Other	\$0.00	656,098	5,137,416	3,079,955	3,540,003

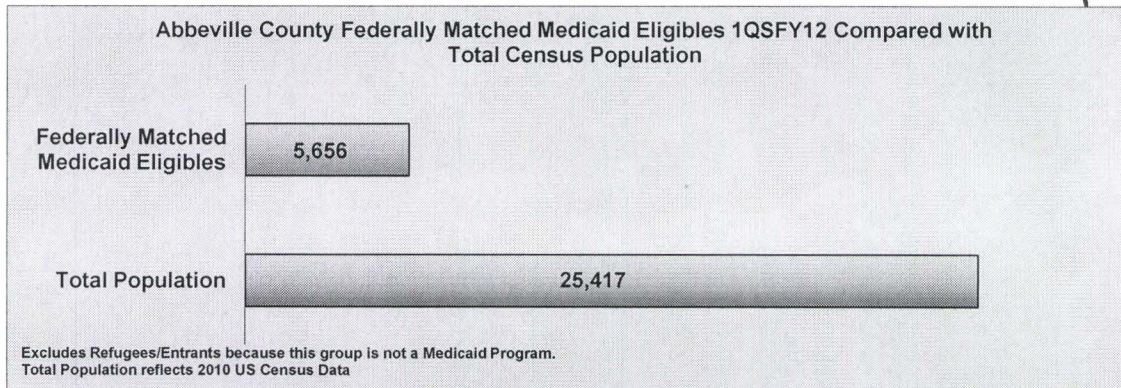
Unique Count Total Unique Count Total \$1,229,162,825.11 694,079 6,346,303 9,791,411 5,284,582

Data reflects adjudicated payments through MMIS. Service trends will be established as the year continues.

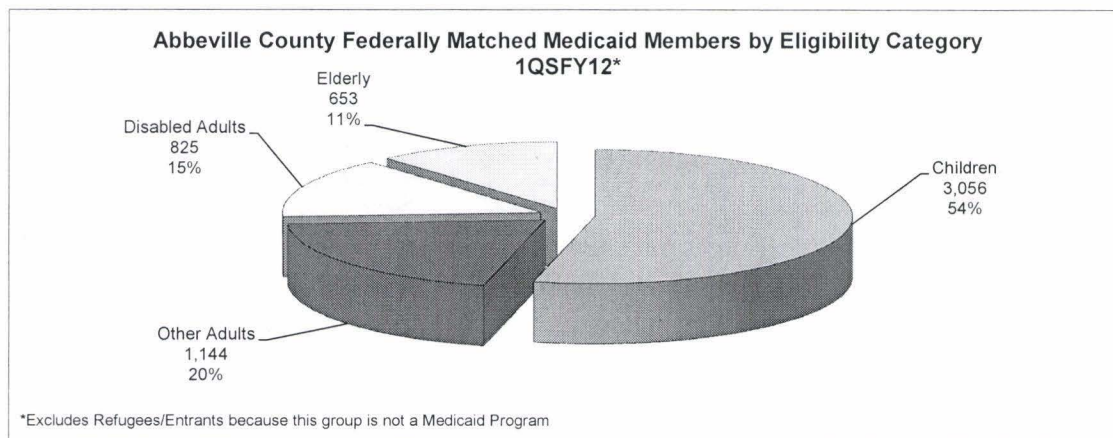
break out SAgencies

Define counts, claims
visits

Approved
run ✓



Federally Matched Medicaid Eligibles represent 22.3% of the Total Population



Abbeville County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 20%
Disabled Adults = 15%
Elderly = 11%

1st Quarter SFY12 Paid

Abbeville County Provider Data by Specialty
Federally Matched Medicaid Enrolled Providers by Provider Specialty
Abbeville County 1QSFY12

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CHIROPRACTIC	3	2	3	\$82.21
CLTC	1	1	36	\$15,343.10
DENTISTRY	5	3	38	\$6,078.73
DEVELOPMENTAL REHABILITATION	1	1	71	\$25,859.62
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	2	0	0	#N/A
FAMILY PRACTICE	15	11	281	\$12,244.26
FED QUAL HEALTH CLINIC (FQHC)	1	1	105	\$8,032.72
INTERNAL MEDICINE	5	4	70	\$5,247.79
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	7	\$978.72
NURSE PRAC & PHYSICIAN ASSIST	3	0	0	#N/A
OPTOMETRY	1	1	23	\$2,052.98
PEDIATRICS	1	1	1	\$3.60
RADIOLOGY	1	1	53	\$1,349.15
RURAL HEALTH CLINICS (RHC)	3	3	208	\$17,495.28
SC DEPT OF HEALTH & ENVIRO CTL	1	1	103	\$8,818.53
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SURGERY, GENERAL	2	1	15	\$5,510.18
SURGERY, ORTHOPEDIC	3	1	27	\$3,912.64
SURGERY, UROLOGICAL	2	1	6	\$474.31
OTHER PROVIDER SPECIALTIES	77	28	821	\$1,245,762.91

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

Statewide provider data including payments to specific providers can be found
on our Medicaid Transparency Website at
<http://www.scdhhs.gov/Transparency.asp>

1st Quarter SFY12 Paid

Appendix F:

Completed Proviso 21.48 Cost Savings Measurement Report – Q1 SFY 2012



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USA

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milliman.com

December 20, 2011

Mr. Roy Hess
Deputy Director of Finance and Administration
Department of Health and Human Services
1801 Main Street
Columbia, SC 29202-8206

RE: PROVISIO 21.48 COST SAVINGS MEASUREMENT REPORT – Q1 SFY 2012

Dear Roy:

Milliman, Inc. (Milliman) was retained by the South Carolina Department of Health and Human Services (SCDHHS) to assist with quarterly monitoring of the Medicaid Assistance expenditure savings generated from the savings initiatives implemented during calendar year 2011 through July 2011. This correspondence documents the development of the 1st quarter SFY 2012 (July 2011 through September 2011) savings estimates as required by Proviso 21.48. The results illustrated in this correspondence are consistent with our November 29, 2011 documentation.

LIMITATIONS

The information contained in this letter has been prepared for SCDHHS. The letter may not be distributed to any other party without the prior consent of Milliman. Any distribution of the information should be in its entirety. Any user of the letter must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented. The terms of Milliman's contract with SCDHHS effective July 1, 2011 apply to this letter and its use.

To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

In the development of the data and information presented in this letter, Milliman has relied upon certain data from the State of South Carolina and their vendors. To the extent that the data was not complete or accurate, the values presented in the letter will need to be reviewed for consistency and revised to meet any revised data.

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To the extent that Milliman consents to the distribution of this letter, we make no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for SCDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

Offices in Principal Cities Worldwide

OVERVIEW OF COST SAVINGS RESULTS

This report provides a comparison between the Baseline Forecast (prior to savings initiatives), the SFY 2012 Budget and CCA 8500 Expenditures for first quarter SFY 2012. For future quarters, we anticipate that actual financial results will replace the illustrated CCA 8500 Expenditures. In general, actual composite saving is substantially consistent with the targeted savings of \$197.1 million for 1st quarter SFY 2012. Enclosure 1 contains a table and graph illustrating the 1st quarter results.

The Baseline Forecast in the savings monitoring model was developed from the seasonally adjusted version of the Summer 2011 Medicaid Assistance Forecast. The Baseline Forecast illustrates projected expenditures prior to implementation of the calendar year 2011 savings initiatives.

The SCDHHS Budget corresponds to the SFY 2012 Budget referenced in the October 5, 2011 Budget Request for SFY 2013. We allocated the SCDHHS Budget by quarter based upon the projected expenditure distribution in the seasonally adjusted Summer 2011 Medicaid Assistance Forecast.

The attached expenditure comparison is limited to Medicaid agency expenditures and does not reflect potential savings from Medicaid expenditures for Other State Agencies.

SAVINGS BY BUDGET CATEGORY

In each section below, key savings initiatives have been highlighted followed by comments related to emerging expenditures and savings.

Coordinated Care

- Applicable February, April and May 2011 savings initiatives reflected in the April 2011 capitation rates
- Inpatient Psych carved into MCO cap rate - *Initial savings are expected to be limited or negative on a paid claims basis during first quarter SFY 2012 due to the corresponding decrease in claims lag timing*
- April 2011 capitation rates – administration to be reduced from 12.0% to 10.5%
- Additional 1% savings for MCO capitation rates for April 2011
- Applicable July 2011 initiatives reflected in updated capitation rates effective July 2011
- Pharmacy: AWP and dispensing fee changes not applied to capitation rate development since capitation rates already assume AWP and dispensing fee reductions consistent with managed care environment
- One month payment shift for MCO and MHN

Review of paid claims suggests that the July capitation rate changes were not reflected until September 2011 claims payments. Consequently, a portion of savings that was targeted for Quarter 1 will not be realized until Quarter 2 through gross adjustments estimated at \$8.0 million. Aside from this timing issue, CCA 8500 expenditures are consistent with budgeted expenditures and savings has emerged consistent with targets.

Hospital Services

- 3% across the board reduction in April 2011
- 4% reduction in reimbursement for Hospital services in July 2011
- Reduce NICU/PICU average length of stay
- Reduce Hospital Inpatient readmissions
- Reduce C-Sections/Inductions through prior authorization before 39 weeks

The Summer 2011 Forecast assumed most gross adjustments would be distributed equally across all four quarters. Consequently, \$8.75 million in Inpatient Hospital cost settlements and \$3.75 million in Outpatient Hospital cost settlements were assumed for Q1 SFY 2012. Actual cost settlements for the quarter have been approximately \$1.0 million combined. The difference between actual versus forecasted cost settlements accounts for a majority of the difference between actual and budgeted expenditures in Enclosure 1.

Disproportionate Share (DSH)

- DSH payments are not included in the attached savings model

Nursing Facility

- 3% across the board reduction in April 2011
- 5% Reduction in Nursing Facility Medicaid days corresponding to reduction in Medicaid permit days effective July 2011 - *appears to be unrealized*
- Reduction in reimbursement for hospice room and board services provided in nursing facilities to 95% of the April 2011 payment rates

Nursing Facility expenditures have not decreased as much as anticipated for Q1 SFY 2012. Given that no Nursing Facility UPL payments were made in the first quarter, the results are even more unfavorable than indicated by the difference between actual and budgeted expenditures. Preliminary incurred data for Q1 SFY 2012 indicates that the 5% reduction in Nursing Facility Medicaid days was not realized in the first quarter.

Pharmaceutical Services

- Reduce non-institutionalized adults pharmacy benefits by one override as of February 2011
- Prior authorization for mental health, cancer and HIV drugs as of February 2011
- 3% across the board reduction in April 2011
- Copay change in May 2011 from \$3.00 to \$3.40 per script
- Pharmacy: AWP – 13% reimbursement decreased to AWP – 16% in July 2011 - expected to save an average 3.4% of Pharmaceutical expenditures

- Pharmacy: Dispensing fee reduced from \$4.05 to \$3.00 in July 2011

Comparison of actual expenditures to baseline forecast indicates that Pharmacy cost savings initiatives have met or exceeded targeted savings values.

Physician

- 3% across the board reduction in April 2011
- Copay change from \$2.30 to \$3.30 in July 2011
- Reimbursement changes effective July 2011
 - Pediatric Subspecialist excluding Neonatologist – 2% rate reduction
 - Reduce Labor and Delivery reimbursement from \$1,164 to \$1,100 for Vaginal delivery and \$1,000 for C-section delivery
 - Family Practice, General Practice, Osteopath, Internal Medicine, Pediatrics, Geriatrics - 2% rate reduction
 - Anesthesiologist – 3% rate reduction
 - All other physicians excluding Obstetrics, OB/GYN, Maternal Fetal Medicine - 5% rate reduction

Actual savings has exceeded targeted savings for Physician related expenditures. One key reason for the positive comparison is that savings for the Dual eligible population related to reimbursement reductions was not included in targeted savings. The reimbursement changes have in fact reduced expenditures for the Dual eligible population with a leveraged impact.

Community Long-Term Care (CLTC)

- 2% reduction in reimbursement for Home and Community Based Waiver services in July 2011

Dental

- Elimination of Adult Dental in February 2011 - estimated at \$3.1 million in savings
- 3% Reimbursement Reduction in April 2011
- 3% reduction in reimbursement for Dental services in July 2011

Clinic Services

- 3% across the board reduction in April 2011 excluding FQHC and RHC expenditures
- 4% reduction in reimbursement in July 2011 excluding FQHC and RHC expenditures
- Copay change from \$2.30 to \$3.30 in July 2011

Transportation

- 3% across the board reduction in April 2011 for Non-Broker Transportation
- 4% reduction in reimbursement for Non-Broker Transportation services in July 2011
- New Transportation Contract – *Baseline Forecast reflects the savings related to the re-procurement of transportation for Medicaid beneficiaries. Consequently, the savings does not show up in the comparison between the Baseline Forecast expenditures and actual expenditures. Fiscal year 2012 first quarter savings related to the new contract are approximately \$0.3 million.*
- Delay of September 2011 Payment

The majority of the difference between actual and budgeted expenditures is related to delay of the September 2011 Broker payments.

Medical Professional Services

- February 2011 Program and Policy Changes –
 - Elimination of optional programs/ services - Adult Podiatry and Vision
 - Limit adult behavioral health services to 12 outpatient visits (24 units) annually
 - Reduce chiropractic services from 8 to 6 visits annually
- April 2011 Program and Policy Changes –
 - Reduce private rehab therapy visits from 75 per therapy type to 75 visits across all therapies annually
 - Eliminate adult day health care nursing – relied directly upon SCDHHS's savings estimates in Total \$ column for April 2011 initiatives
- 3% across the board reduction in April 2011
- Reimbursement changes effective July 2011
 - Podiatrist, Audiologist, Speech, Physical and Occupational Therapist, Licensed Independent Professional/Behavioral Health providers, Psychologist, Chiropractor - 7% rate reduction
 - Optometrist - 5% rate reduction (based on state regulations requiring parity with Ophthalmologist) (including any waiver services offered by this provider)
 - Certified Registered Nurse Anesthetist (CRNA) – 3% reduction reflected from Anesthesiologist rate
 - Nurse Practitioner, Nurse Midwife and Licensed Nurse Midwife – reduction reflected as a percentage of applicable physician rate

Similar to Physician, the lower than expected expenditures for Medical Professional Services are partially related to the impact of reimbursement changes on the Dual eligible population costs. These savings were not factored into the established savings targets.

Durable Medical Equipment & Supplies

- February 2011 Program and Policy
 - Reduce diabetic shoes from 2 pairs to one pair annually
 - Discontinue coverage for Syvek Patch
 - Discontinue coverage for insulin pumps for Type II Diabetics
 - Increase the time between power wheelchair replacement from 5 years to one every 7 years
 - Discontinue coverage of many items for wheelchairs such as umbrella holder, pillows, and crutch/cane holder
- 3% across the board reduction in April 2011
- DME – state specific fee schedule 9% estimated reduction in July 2011

Lab & X-Ray

- 3% across the board reduction in April 2011
- 7% reduction in reimbursement for Lab & X-Ray services in July 2011

Family Planning Services

- 3% across the board reduction in April 2011
- 3% reduction in reimbursement in July 2011 for Family Planning Services
- Pharmacy: AWP – 13% reimbursement decreased to AWP – 16% in July 2011 - expected to save an average 3.4% of Family Planning Rx expenditures
- Pharmacy: Dispensing fee reduced from \$4.05 to \$3.00 in July 2011

Hospice

- No direct impact savings initiatives modeled

Program of All-Inclusive Care (PACE)

- No direct impact savings initiatives modeled

EPSDT Services

- 3% across the board reduction in April 2011
- 2% reduction in reimbursement in July 2011 for EPSDT Services

Home Health

- Reduce home health visits from 75 to 50 annually effective February 2011
- 3% across the board reduction in April 2011
- 4% reduction in reimbursement for Home Health services in July 2011
- Copay change from \$2.30 to \$3.30 in July 2011

Integrated Personal Care (IPC)

- 3% across the board reduction in April 2011
- 7% reduction in reimbursement for IPC services in July 2011



Mr. Roy Hess
December 20, 2011
Page 7

Optional State Supplemental (OSS) – 100% State Funded

- No direct impact savings initiatives modeled

Premiums Matched, MMAPhasedown Contributions, Premiums 100% State Funded

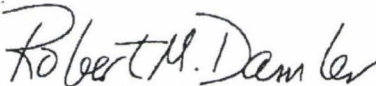
- No direct impact savings initiatives modeled



Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. I am a member of the American Academy of Actuaries, and I meet the qualification standards for performing the analyses in this report.

If you have any questions regarding the enclosed information, please contact me at (317) 524-3512.

Sincerely,


Robert M. Damler, FSA, MAAA
Principal and Consulting Actuary

RMD/lrb



ENCLOSURE 1

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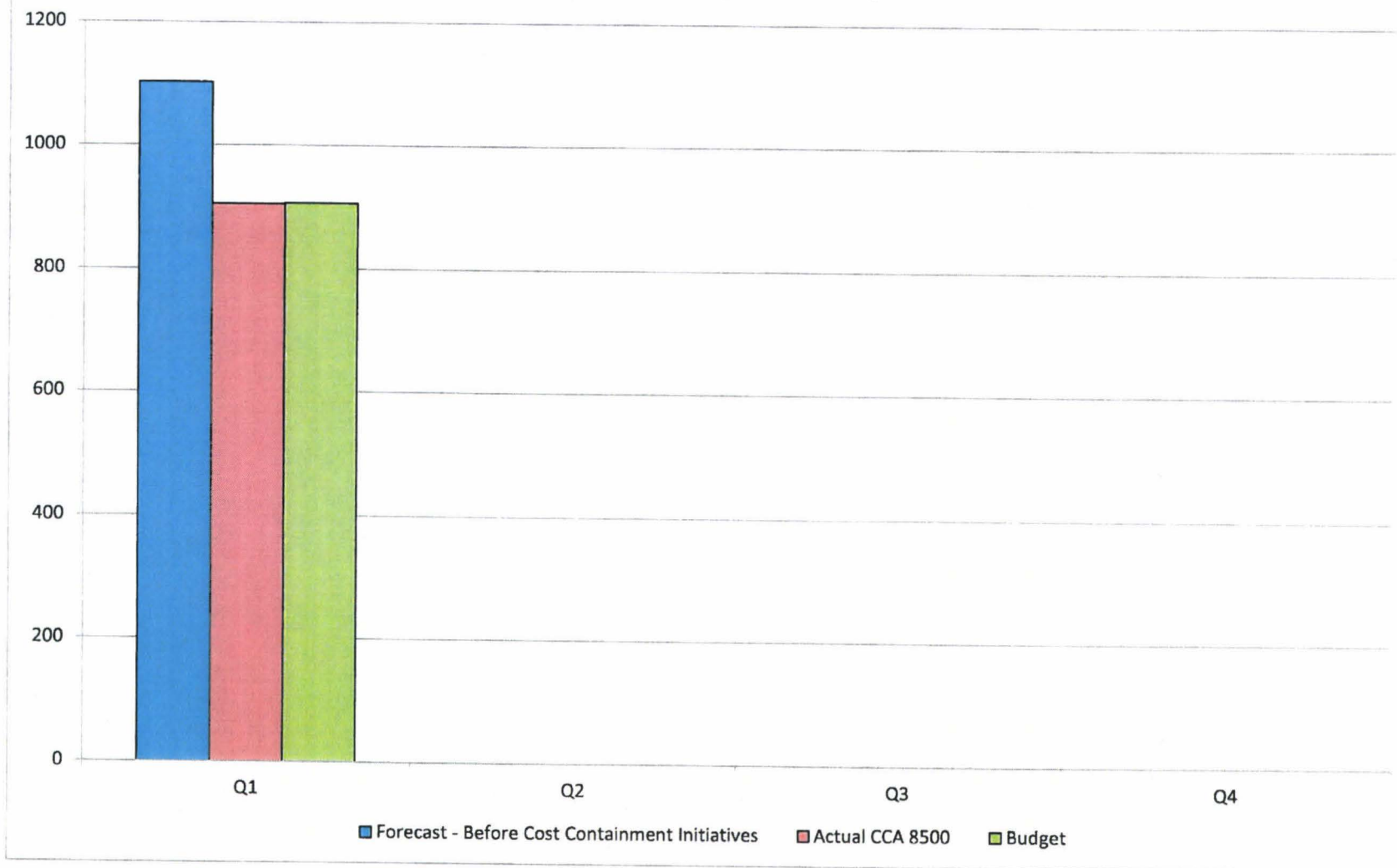
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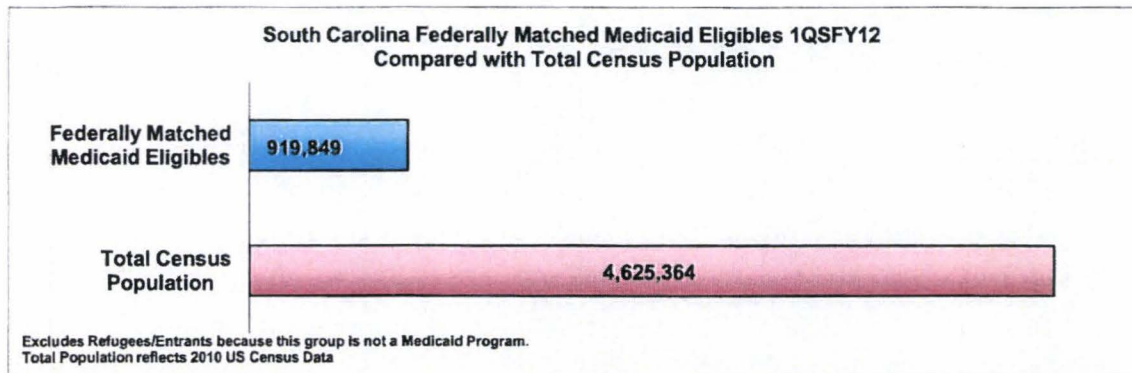
**State of South Carolina
Department of Health and Human Services**

**Summary of DHHS Medicaid Assistance - Expenditure Savings Monitoring
Q1 FY2012
State & Federal Dollars (in millions)**

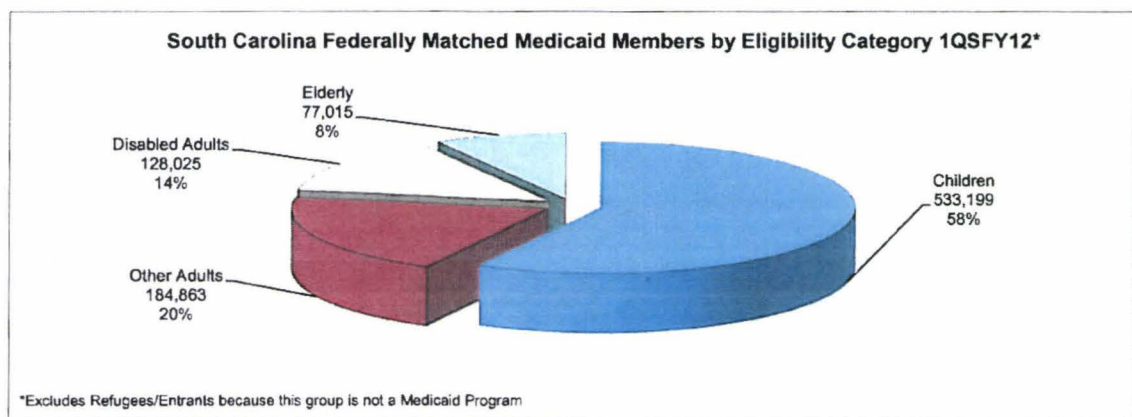
	<u>Baseline Forecast</u>	<u>Actual CCA8500</u>	<u>Budget</u>
Coordinated Care	406.1	263.6	256.1
Hospital Services	217.4	199.2	208.0
Nursing Home Services	129.6	127.5	123.4
Pharmacy Services	63.6	54.3	55.4
Physician	53.3	44.4	48.9
Community Long Term Care	42.8	41.3	39.8
Dental	29.8	27.7	24.3
Clinic Services	17.0	16.6	17.6
Transportation	16.4	11.7	13.9
Other Medical Professionals	13.9	9.9	11.5
Supply & DME	12.2	10.6	10.6
Lab & X-Ray	8.4	7.3	8.5
Family Planning Services	6.3	5.9	5.6
Hospice	3.3	3.1	3.0
PACE	3.2	2.9	2.9
EPSDT	2.7	2.6	2.9
Home Health	2.3	1.8	1.8
Integrated Personal Care (IPC)	1.5	1.3	1.3
Optional State Supplement (OSS) - 100% State	4.2	4.2	4.3
Premiums Matched	45.4	46.1	43.5
MMA Phase Down Contributions - 100% State	18.4	18.8	18.7
Premiums - 100% State	4.3	4.4	4.2
TOTAL MEDICAID SERVICES	1,102.3	905.2	906.1

**South Carolina Department of Health & Human Services
FY2012 Medicaid Assistance Expenditure Comparison
by Quarter (\$millions)**





Federally Matched Medicaid Eligibles represent 19.9% of the Total Population



South Carolina Federally Matched Medicaid Members

Children = 58%
 Non-Disabled Adults = 20%
 Disabled Adults = 14%
 Elderly = 8%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	36	35	1,381	\$943,247.04
ALLERGY AND IMMUNOLOGY	107	55	1,146	\$241,942.70
AMBULATORY SURGERY	82	68	1,024	\$319,291.66
ANESTHESIOLOGY	1,371	598	9,466	\$1,133,842.89
AUDIOLOGY	88	46	429	\$57,462.85
CARDIOVASCULAR DISEASES	748	380	9,413	\$613,920.68
CHIROPRACTIC	598	155	388	\$23,727.59
CLTC	27	23	1,336	\$925,511.29
CORF	1	1	103	\$73,266.61
DENTAL - ENDODONTIST	22	10	30	\$11,600.00
DENTAL - PERIODONTIST	8	1	2	\$276.08
DENTISTRY	1,405	715	15,270	\$2,799,680.38
DERMATOLOGY	187	78	1,207	\$123,896.53
DEVELOPMENTAL REHABILITATION	115	99	8,844	\$2,965,698.96
DIABETES EDUCATOR	51	15	78	\$4,932.60
EMERGENCY MEDICINE	1,739	818	33,640	\$2,447,855.59
ENDOCRINOLOGY AND METAB.	120	49	498	\$88,013.51
FAM PLAN, MATER & CHILD HEALTH	27	18	806	\$195,082.55
FAMILY PRACTICE	2,451	1,278	31,314	\$2,491,131.28
FED QUAL HEALTH CLINIC (FQHC)	61	58	14,906	\$2,103,689.24
GASTROENTEROLOGY	373	161	1,922	\$254,061.48
GENERAL PRACTICE	144	61	2,040	\$133,308.28
GERIATRICS	46	12	220	\$9,454.02
GYNECOLOGY	42	21	352	\$70,468.98
HEMATOLOGY	143	41	376	\$141,145.41
HOSPITAL PATHOLOGY	66	33	847	\$45,532.67
INFECTIOUS DISEASES	137	59	725	\$103,182.86
INTERNAL MEDICINE	2,583	1,207	16,653	\$2,377,129.66
LICENSED INDEPT SOCIAL WORKER	66	31	162	\$115,996.50
LICENSED MARRIAGE & FAM THERA	9	2	12	\$2,785.74
LICENSED PROFESSIONAL COUNSEL	155	68	453	\$134,167.88
MENTAL RETARDATION	53	52	10,232	\$63,722,937.36
MIDWIFE	119	42	841	\$108,031.88
MULTIPLE SPECIALTY GROUP	261	1	1	\$0.00
NEONATOLOGY	97	19	201	\$191,624.38
NEPHROLOGY/ESRD	412	246	3,170	\$1,464,729.52
NEUROLOGY	424	180	3,075	\$462,823.90
NO SPECIFIC MEDICAL SPECIALTY	0	1	5	\$0.00
NUCLEAR MEDICINE	15	4	144	\$5,038.74
NURSE ANESTHETIST	2,101	1,081	6,747	\$540,388.24
NURSE PRAC & PHYSICIAN ASSIST	2,445	454	4,586	\$245,501.63
OBSTETRICS	15	7	367	\$62,030.61
OBSTETRICS AND GYNECOLOGY	1,141	553	16,724	\$4,703,252.01
OCCUPATIONAL MEDICINE	6	2	128	\$9,709.49
OCCUPATIONAL THERAPIST	391	183	1,510	\$907,042.59
ONCOLOGY	221	103	1,717	\$1,375,503.37
OPHTHALMOLOGY	648	257	3,649	\$336,258.13
OPTICIAN	35	13	2,973	\$129,993.07
OPTOMETRY	655	332	6,283	\$583,895.14
ORTHODONTICS	6	2	81	\$43,599.72
OSTEOPATHY	17	13	372	\$22,471.62

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

1st Quarter SFY12 Paid

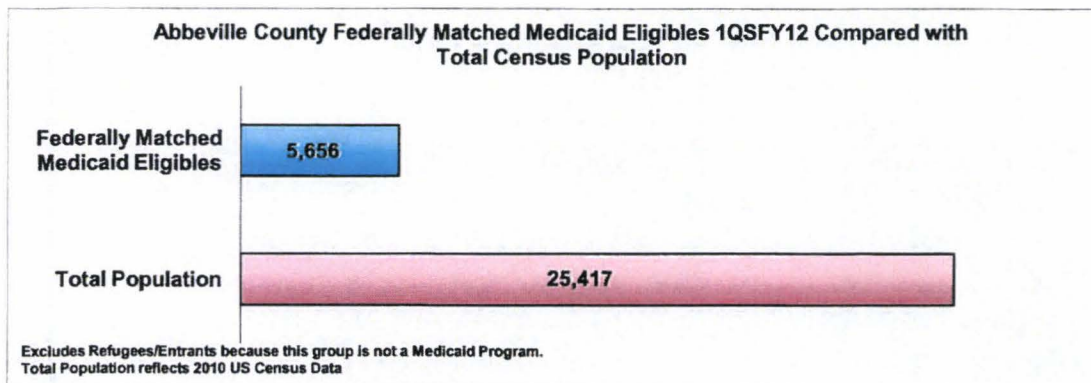
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
South Carolina 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
OTORHINOLARYNGOLOGY	307	155	2,547	\$396,557.82
PATHOLOGY	282	146	4,916	\$237,703.21
PATHOLOGY, CLINICAL	123	30	683	\$32,124.13
PEDIATRIC SUB-SPECIALIST	299	277	6,643	\$3,453,493.82
PEDIATRICS	1,795	750	23,960	\$3,137,482.57
PEDIATRICS, ALLERGY	9	4	156	\$13,308.00
PEDIATRICS, CARDIOLOGY	89	15	131	\$31,897.25
PEDODONTICS	116	66	3,629	\$593,777.70
PHYS/OCCUP THERAPIST	765	213	1,355	\$771,801.86
PHYSICAL MEDICINE & REHAB	195	97	1,165	\$230,541.58
PODIATRY	186	67	239	\$17,912.69
PSYCHIATRY	573	201	4,298	\$390,228.74
PSYCHIATRY, CHILD	81	31	652	\$89,198.27
PSYCHOLOGIST	224	48	249	\$83,840.70
PULMONARY MEDICINE	360	169	2,336	\$383,774.03
PVT MENTAL HEALTH	113	49	2,080	\$3,702,615.88
RADIOLOGY	475	204	14,111	\$497,840.12
RADIOLOGY, DIAGNOSTIC	966	412	19,439	\$635,177.15
RADIOLOGY, THERAPEUTIC	99	40	354	\$330,261.53
RHEUMATOLOGY	96	47	522	\$164,662.36
RURAL HEALTH CLINICS (RHC)	110	97	16,049	\$1,432,551.66
SC CONTINUUM OF CARE	11	11	974	\$1,034,865.97
SC DEPT OF HEALTH & ENVIRO CTL	56	51	18,903	\$1,324,911.59
SC DEPT OF MENTAL HEALTH	68	55	12,599	\$7,609,461.75
SOCIAL WORKER	11	5	8	\$1,521.60
SPEECH THERAPIST	730	376	2,322	\$1,815,789.31
SURGERY, CARDIOVASCULAR	118	53	434	\$98,512.61
SURGERY, COLON AND RECTAL	44	15	46	\$10,257.67
SURGERY, GENERAL	927	393	4,532	\$944,241.71
SURGERY, NEUROLOGICAL	170	80	548	\$234,759.50
SURGERY, ORAL (DENTAL ONLY)	148	86	850	\$385,665.03
SURGERY, ORTHOPEDIC	838	369	3,378	\$628,766.75
SURGERY, PEDIATRIC	40	10	164	\$52,815.56
SURGERY, PLASTIC	143	49	331	\$134,992.63
SURGERY, THORACIC	96	33	182	\$85,764.53
SURGERY, UROLOGICAL	316	142	1,885	\$316,117.15
THERAPIST/MULTI SPECIALTY GRP	130	0	0	#N/A
OTHER PROVIDER SPECIALTIES	12,324	5,705	186,207	\$408,315,388.84

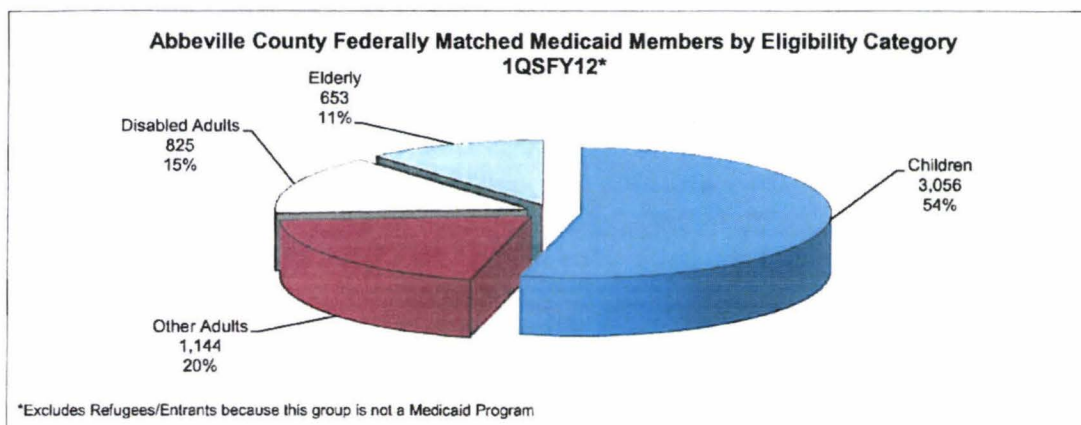
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 22.3% of the Total Population



Abbeville County Federally Matched Medicaid Members

Children = 54%
 Non-Disabled Adults = 20%
 Disabled Adults = 15%
 Elderly = 11%

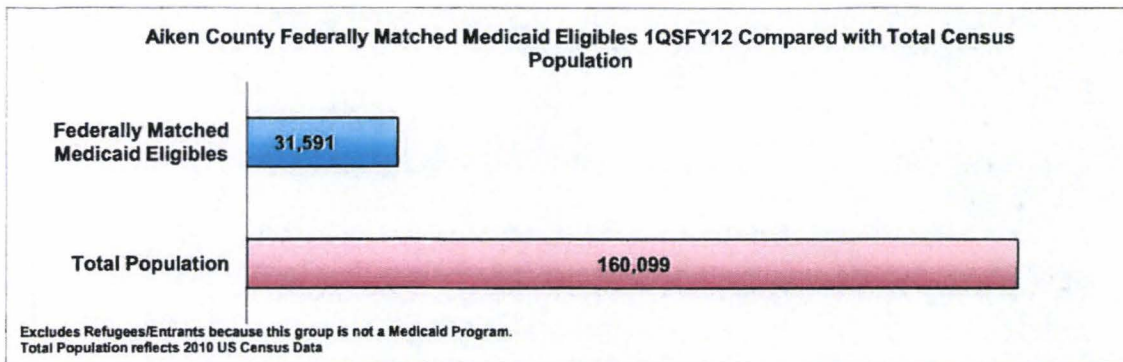
1st Quarter SFY12 Paid

Abbeville County Provider Data by Specialty
Federally Matched Medicaid Enrolled Providers by Provider Specialty
Abbeville County 1QSFY12

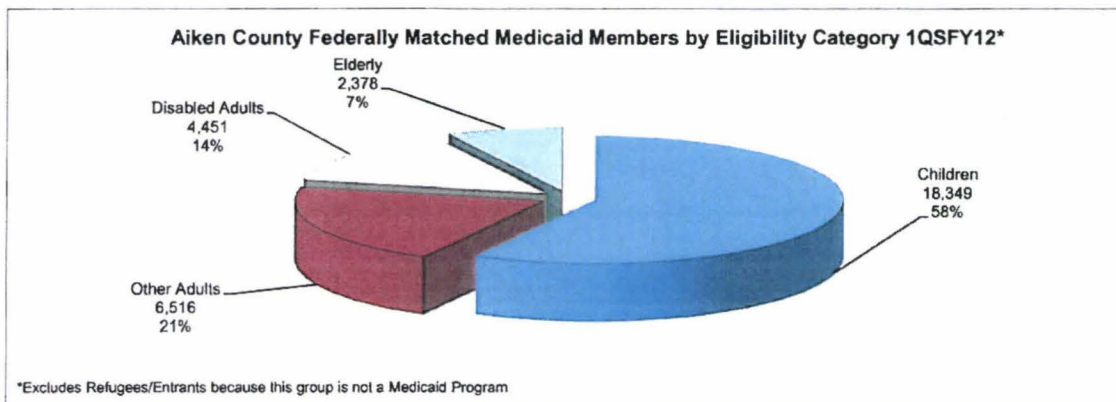
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CHIROPRACTIC	3	2	3	\$82.21
CLTC	1	1	36	\$15,343.10
DENTISTRY	5	3	38	\$6,078.73
DEVELOPMENTAL REHABILITATION	1	1	71	\$25,859.62
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	2	0	0	#N/A
FAMILY PRACTICE	15	11	281	\$12,244.26
FED QUAL HEALTH CLINIC (FQHC)	1	1	105	\$8,032.72
INTERNAL MEDICINE	5	4	70	\$5,247.79
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	7	\$978.72
NURSE PRAC & PHYSICIAN ASSIST	3	0	0	#N/A
OPTOMETRY	1	1	23	\$2,052.98
PEDIATRICS	1	1	1	\$3.60
RADIOLOGY	1	1	53	\$1,349.15
RURAL HEALTH CLINICS (RHC)	3	3	208	\$17,495.28
SC DEPT OF HEALTH & ENVIRO CTL	1	1	103	\$6,818.53
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SURGERY, GENERAL	2	1	15	\$5,510.18
SURGERY, ORTHOPEDIC	3	1	27	\$3,912.64
SURGERY, UROLOGICAL	2	1	6	\$474.31
OTHER PROVIDER SPECIALTIES	77	28	821	\$1,245,762.91

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 19.7% of the Total Population



Aiken County Federally Matched Medicaid Members

Children = 58%
 Non-Disabled Adults = 21%
 Disabled Adults = 14%
 Elderly = 7%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Aiken County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	18	\$4,531.02
ALLERGY AND IMMUNOLOGY	1	1	22	\$8,401.02
AMBULATORY SURGERY	2	2	32	\$8,916.83
ANESTHESIOLOGY	14	8	413	\$75,198.79
AUDIOLOGY	3	1	6	\$334.66
CARDIOVASCULAR DISEASES	7	5	91	\$19,572.96
CHIROPRACTIC	20	4	12	\$747.33
CLTC	1	1	28	\$8,338.67
DENTISTRY	26	13	311	\$53,058.59
DERMATOLOGY	2	2	24	\$1,275.48
DEVELOPMENTAL REHABILITATION	3	1	54	\$4,816.36
DIABETES EDUCATOR	3	0	0	#N/A
EMERGENCY MEDICINE	14	11	1,030	\$71,159.88
ENDOCRINOLOGY AND METAB.	2	1	31	\$4,695.81
FAM PLAN, MATER & CHILD HEALTH	2	0	0	#N/A
FAMILY PRACTICE	36	21	678	\$48,286.09
FED QUAL HEALTH CLINIC (FQHC)	2	2	537	\$55,896.51
GASTROENTEROLOGY	2	1	8	\$766.66
GENERAL PRACTICE	2	1	12	\$675.05
GYNECOLOGY	1	1	78	\$13,017.43
HEMATOLOGY	1	1	19	\$6,043.06
HOSPITAL PATHOLOGY	5	2	81	\$8,293.88
INTERNAL MEDICINE	15	12	176	\$30,309.39
LICENSED INDEPT SOCIAL WORKER	4	3	17	\$4,813.05
LICENSED PROFESSIONAL COUNSEL	1	1	1	\$143.16
MENTAL RETARDATION	1	1	282	\$118,445.00
MULTIPLE SPECIALTY GROUP	4	0	0	#N/A
NEPHROLOGY/ESRD	8	5	74	\$32,462.40
NEUROLOGY	5	4	125	\$16,702.58
NURSE ANESTHETIST	23	19	149	\$9,709.37
NURSE PRAC & PHYSICIAN ASSIST	25	3	16	\$2,197.65
OBSTETRICS AND GYNECOLOGY	16	8	603	\$152,969.78
OCCUPATIONAL THERAPIST	22	10	94	\$46,122.75
ONCOLOGY	2	1	19	\$17,295.24
OPHTHALMOLOGY	11	4	94	\$11,418.95
OPTOMETRY	25	13	120	\$9,765.37
OTORHINOLARYNGOLOGY	3	2	25	\$3,573.97
PATHOLOGY	6	4	265	\$12,408.94
PEDIATRICS	15	7	555	\$63,699.53
PEDODONTICS	3	2	259	\$45,105.52
PHYS/OCCUP THERAPIST	29	10	64	\$30,111.15
PODIATRY	8	6	27	\$1,163.52
PSYCHIATRY	6	4	230	\$16,807.91
PSYCHIATRY, CHILD	2	2	113	\$17,941.02
PSYCHOLOGIST	2	0	0	#N/A
PULMONARY MEDICINE	2	1	34	\$10,991.47
PVT MENTAL HEALTH	1	1	25	\$66,392.20
RADIOLOGY	4	2	269	\$10,400.14
RADIOLOGY, DIAGNOSTIC	6	5	383	\$11,009.64
RADIOLOGY, THERAPEUTIC	1	0	0	#N/A
RHEUMATOLOGY	1	1	42	\$1,709.00
RURAL HEALTH CLINICS (RHC)	1	1	40	\$6,034.28

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

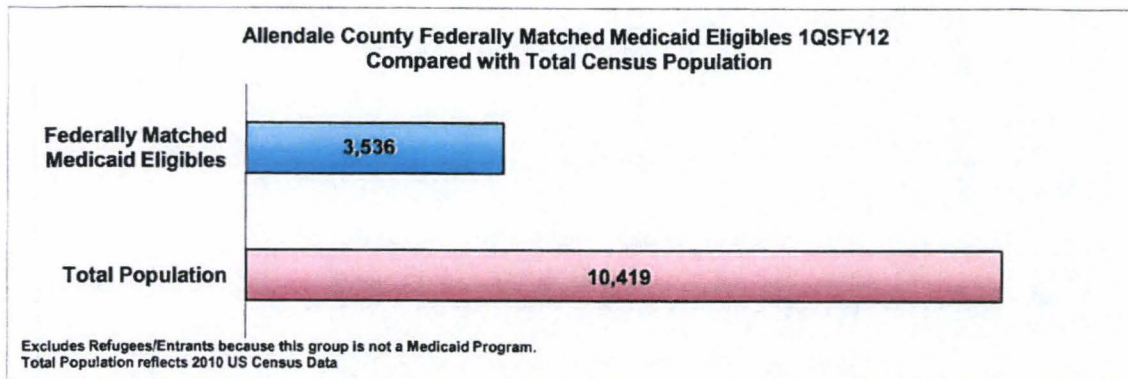
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Alken County 1QSFY12 (continued)**

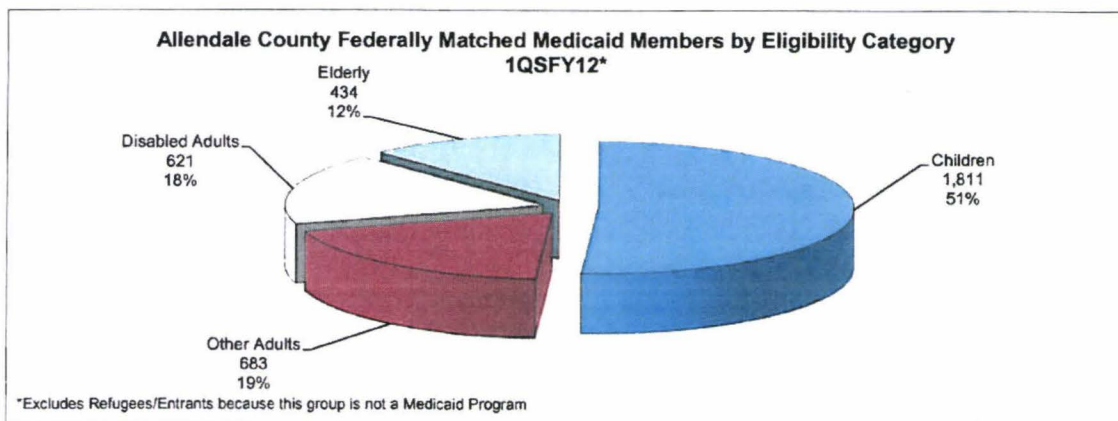
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SC DEPT OF HEALTH & ENVIRO CTL	1	1	413	\$29,026.90
SC DEPT OF MENTAL HEALTH	2	2	550	\$316,142.31
SPEECH THERAPIST	30	16	80	\$67,780.41
SURGERY, CARDIOVASCULAR	2	2	4	\$1,135.85
SURGERY, COLON AND RECTAL	2	1	1	\$101.39
SURGERY, GENERAL	7	6	59	\$10,950.48
SURGERY, NEUROLOGICAL	4	1	1	\$65.06
SURGERY, ORAL (DENTAL ONLY)	2	2	14	\$4,733.60
SURGERY, ORTHOPEDIC	9	6	106	\$15,577.17
SURGERY, PLASTIC	1	0	0	#N/A
SURGERY, THORACIC	3	2	17	\$5,166.24
SURGERY, UROLOGICAL	6	3	35	\$7,771.42
THERAPIST/MULTI SPECIALTY GRP	7	0	0	#N/A
OTHER PROVIDER SPECIALTIES	389	171	5,951	\$10,208,194.41

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 33.9% of the Total Population



Allendale County Federally Matched Medicaid Members

Children = 51%
 Non-Disabled Adults = 19%
 Disabled Adults = 18%
 Elderly = 12%

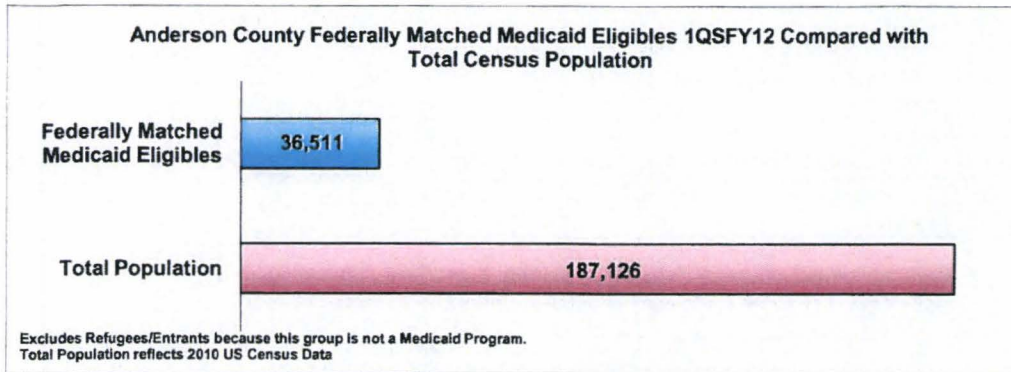
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Alendale County 1QSFY12**

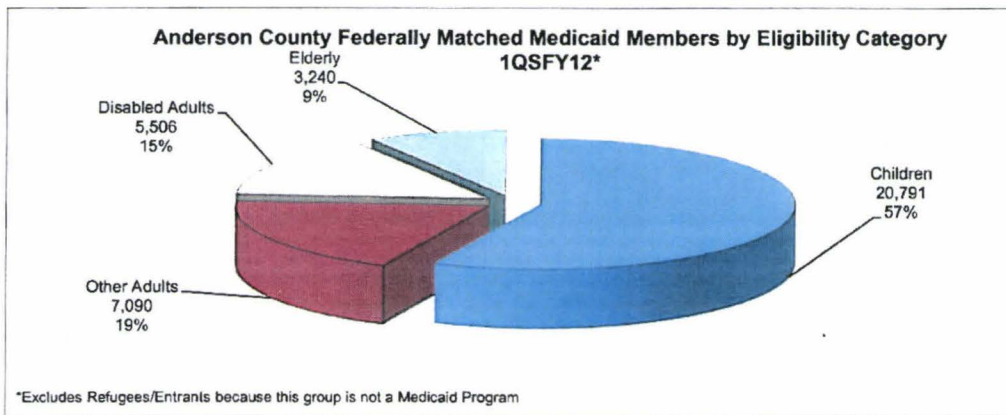
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CLTC	1	0	0	#N/A
DENTISTRY	6	2	14	\$1,981.17
DEVELOPMENTAL REHABILITATION	1	1	14	\$8,097.11
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	2	1	110	\$5,913.26
FAMILY PRACTICE	13	7	169	\$9,300.83
FED QUAL HEALTH CLINIC (FQHC)	1	1	458	\$32,313.13
INTERNAL MEDICINE	1	0	0	#N/A
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	2	\$4,663.38
NURSE PRAC & PHYSICIAN ASSIST	2	1	21	\$1,178.23
PEDIATRIC SUB-SPECIALIST	1	1	61	\$15,425.40
PVT MENTAL HEALTH	1	1	4	\$30,061.44
RURAL HEALTH CLINICS (RHC)	2	2	132	\$9,943.92
SC DEPT OF HEALTH & ENVIRO CTL	1	1	77	\$5,196.30
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SURGERY, PLASTIC	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	55	29	445	\$593,115.20

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Federally Matched Medicaid Eligibles represent 19.5% of the Total Population



Anderson County Federally Matched Medicaid Members

Children = 57%
 Non-Disabled Adults = 19%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Anderson County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	93	\$20,414.46
ALLERGY AND IMMUNOLOGY	2	1	76	\$15,831.36
AMBULATORY SURGERY	4	3	68	\$17,168.86
ANESTHESIOLOGY	17	13	247	\$23,149.37
AUDIOLOGY	2	1	25	\$3,166.08
CARDIOVASCULAR DISEASES	9	5	136	\$8,055.50
CHIROPRACTIC	20	7	33	\$874.09
DENTAL - ENDODONTIST	1	1	8	\$3,499.37
DENTISTRY	43	23	345	\$56,635.36
DERMATOLOGY	13	6	264	\$22,301.88
DEVELOPMENTAL REHABILITATION	7	7	689	\$234,340.97
DIABETES EDUCATOR	1	1	5	\$716.78
EMERGENCY MEDICINE	17	16	563	\$50,725.77
ENDOCRINOLOGY AND METAB.	1	0	0	#N/A
FAM PLAN, MATER & CHILD HEALTH	1	0	0	#N/A
FAMILY PRACTICE	98	58	1,229	\$104,760.84
GASTROENTEROLOGY	9	5	119	\$12,305.67
GENERAL PRACTICE	1	0	0	#N/A
INFECTIOUS DISEASES	3	2	22	\$1,487.43
INTERNAL MEDICINE	47	31	983	\$84,757.33
LICENSED INDEPT SOCIAL WORKER	2	1	1	\$149.20
LICENSED PROFESSIONAL COUNSEL	4	2	8	\$1,201.20
MENTAL RETARDATION	1	1	209	\$100,152.50
MIDWIFE	1	1	115	\$6,714.20
MULTIPLE SPECIALTY GROUP	4	0	0	#N/A
NEPHROLOGY/ESRD	9	6	65	\$14,220.31
NEUROLOGY	11	8	146	\$31,788.37
NURSE ANESTHETIST	25	20	71	\$5,394.51
NURSE PRAC & PHYSICIAN ASSIST	42	14	108	\$4,626.97
OBSTETRICS AND GYNECOLOGY	21	13	335	\$63,909.74
OCCUPATIONAL THERAPIST	12	3	4	\$313.20
ONCOLOGY	6	4	101	\$36,335.91
OPHTHALMOLOGY	7	4	51	\$4,857.20
OPTOMETRY	26	12	199	\$18,947.93
OSTEOPATHY	2	2	34	\$1,708.57
OTORHINOLARYNGOLOGY	5	4	117	\$16,792.77
PATHOLOGY	9	6	191	\$10,631.36
PEDIATRIC SUB-SPECIALIST	1	1	45	\$7,328.38
PEDIATRICS	32	24	1,406	\$141,708.89
PEDODONTICS	3	1	17	\$2,697.77
PHYS/OCCUP THERAPIST	37	6	35	\$19,718.40
PHYSICAL MEDICINE & REHAB	3	2	17	\$1,311.46
PODIATRY	6	1	3	\$164.10
PSYCHIATRY	16	8	382	\$27,303.65
PSYCHIATRY, CHILD	1	0	0	#N/A
PSYCHOLOGIST	2	2	16	\$8,731.80
PULMONARY MEDICINE	7	5	122	\$16,264.25
PVT MENTAL HEALTH	2	1	6	\$18,339.69
RADIOLOGY	4	4	612	\$21,412.36
RADIOLOGY, DIAGNOSTIC	11	7	1,154	\$25,010.31
RADIOLOGY, THERAPEUTIC	2	2	5	\$7,362.56
RHEUMATOLOGY	1	0	0	#N/A
SC CONTINUUM OF CARE	1	1	204	\$138,683.31

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

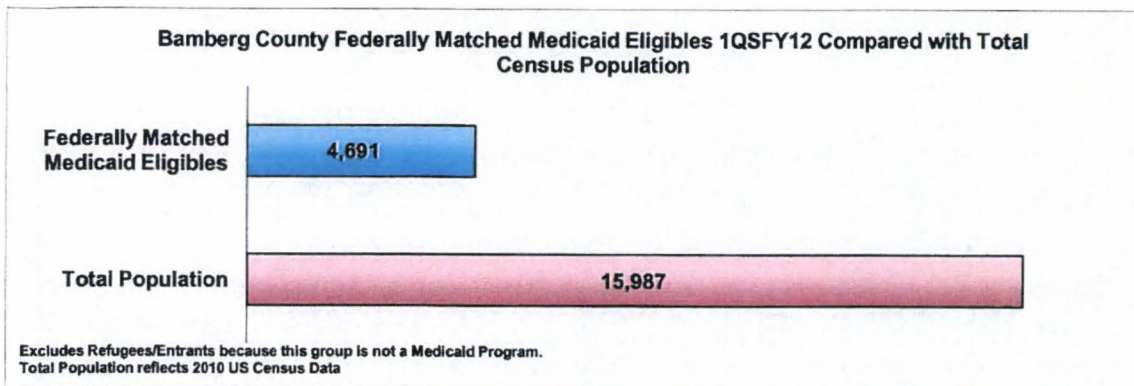
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Anderson County 1QSFY12 (continued)**

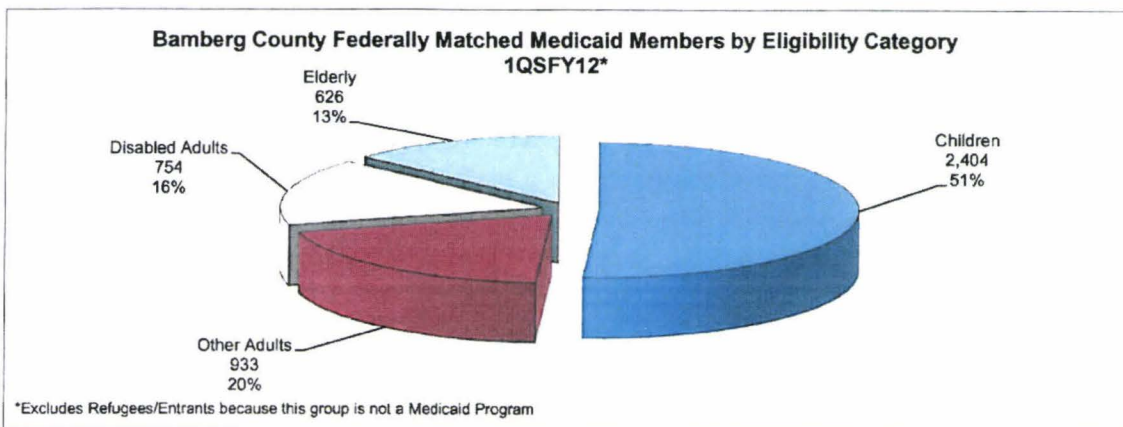
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SC DEPT OF HEALTH & ENVIRO CTL	1	1	1,028	\$67,270.25
SC DEPT OF MENTAL HEALTH	2	2	703	\$389,055.64
SPEECH THERAPIST	19	9	49	\$27,227.28
SURGERY, CARDIOVASCULAR	2	0	0	#N/A
SURGERY, GENERAL	18	11	140	\$32,179.60
SURGERY, NEUROLOGICAL	5	4	14	\$5,743.07
SURGERY, ORAL (DENTAL ONLY)	4	2	16	\$7,285.19
SURGERY, ORTHOPEDIC	10	4	48	\$7,183.96
SURGERY, PLASTIC	4	1	4	\$1,576.27
SURGERY, UROLOGICAL	7	5	68	\$9,915.79
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	505	227	9,528	\$14,337,704.20

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Federally Matched Medicaid Eligibles represent 29.3% of the Total Population



Bamberg County Federally Matched Medicaid Members

Children = 51%
 Non-Disabled Adults = 20%
 Disabled Adults = 16%
 Elderly = 13%

1st Quarter SFY12 Paid

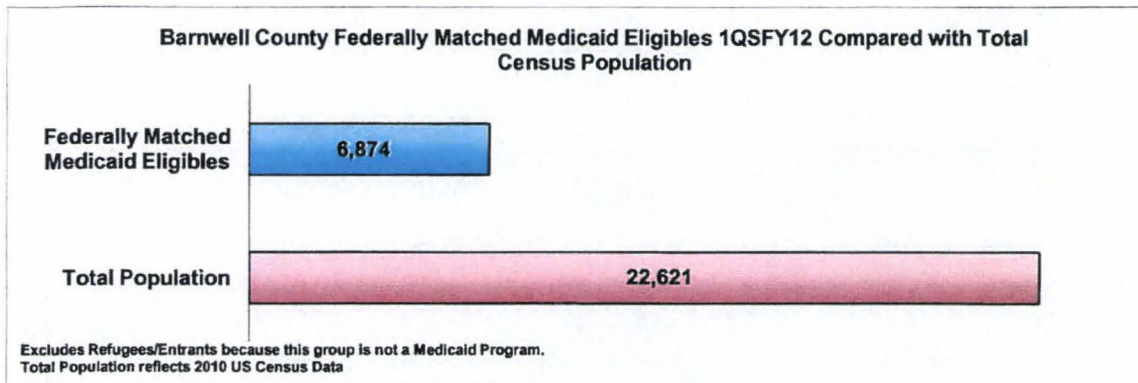
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Bamberg County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ANESTHESIOLOGY	1	0	0	#N/A
CARDIOVASCULAR DISEASES	1	1	3	\$304.05
CHIROPRACTIC	2	0	0	#N/A
DENTISTRY	11	8	79	\$17,343.80
DEVELOPMENTAL REHABILITATION	2	2	14	\$3,917.67
EMERGENCY MEDICINE	44	28	2,039	\$126,441.61
FAMILY PRACTICE	19	12	334	\$24,561.66
INTERNAL MEDICINE	1	1	8	\$669.52
MENTAL RETARDATION	1	1	49	\$25,462.50
MIDWIFE	1	0	0	#N/A
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	2	2	32	\$24,736.14
NURSE ANESTHETIST	3	1	2	\$101.86
NURSE PRAC & PHYSICIAN ASSIST	5	1	2	\$116.09
PHYS/OCCUP THERAPIST	1	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	18	1	61	\$903.57
RURAL HEALTH CLINICS (RHC)	3	3	582	\$48,491.17
SC CONTINUUM OF CARE	1	1	41	\$40,747.12
SC DEPT OF HEALTH & ENVIRO CTL	1	1	185	\$11,108.12
SC DEPT OF MENTAL HEALTH	1	1	4	\$246.30
SPEECH THERAPIST	2	1	1	\$960.48
SURGERY, GENERAL	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	66	34	792	\$1,101,713.98

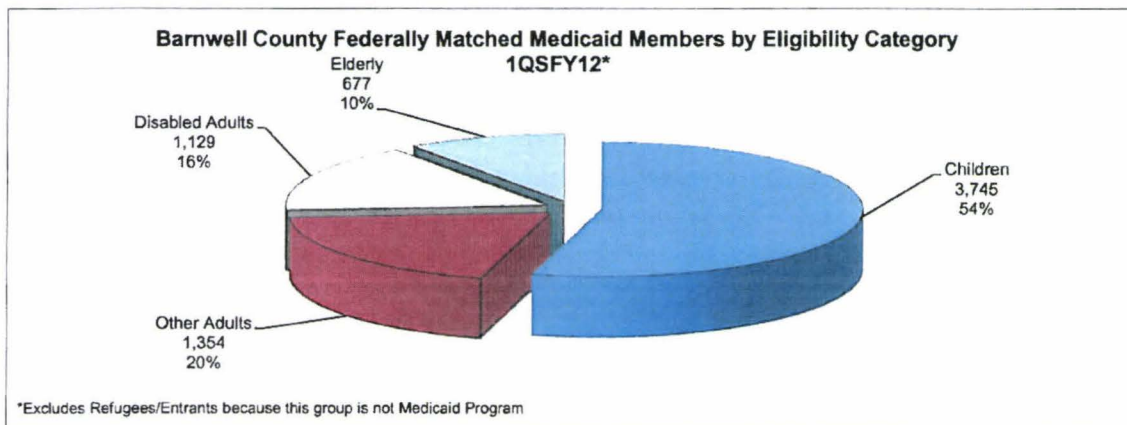
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 30.4% of the Total Population



Barnwell County Federally Matched Medicaid Members

Children = 54%
 Non-Disabled Adults = 20%
 Disabled Adults = 16%
 Elderly = 10%

1st Quarter SFY12 Paid

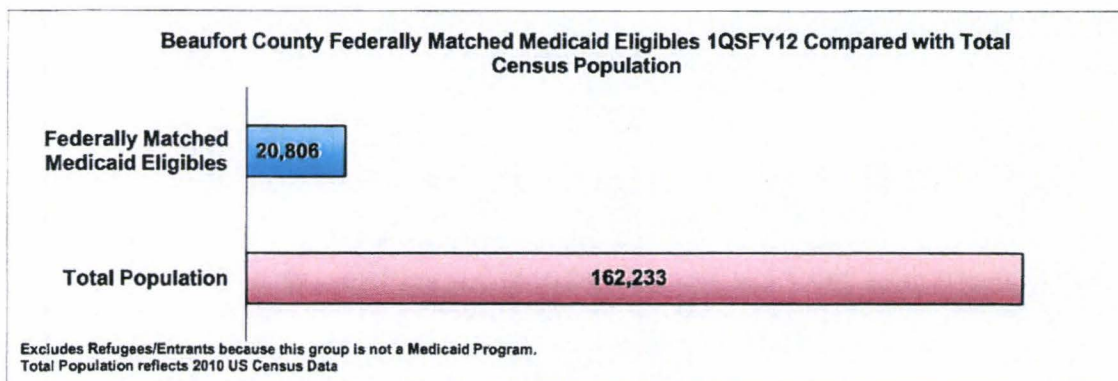
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Barnwell County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	10	\$1,647.20
CARDIOVASCULAR DISEASES	1	1	3	\$157.72
DENTISTRY	4	3	63	\$9,685.39
DEVELOPMENTAL REHABILITATION	3	2	11	\$3,250.24
EMERGENCY MEDICINE	3	2	136	\$5,238.76
FAMILY PRACTICE	7	3	111	\$5,109.90
FED QUAL HEALTH CLINIC (FQHC)	2	0	0	#N/A
GENERAL PRACTICE	1	1	1	\$0.00
INTERNAL MEDICINE	7	4	81	\$8,249.48
MENTAL RETARDATION	1	1	60	\$22,795.00
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	2	1	6	\$2,316.95
NURSE ANESTHETIST	2	0	0	#N/A
NURSE PRAC & PHYSICIAN ASSIST	4	0	0	#N/A
OPTOMETRY	3	3	54	\$4,583.01
PEDIATRICS	3	0	0	#N/A
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY	4	3	209	\$3,003.48
RADIOLOGY, DIAGNOSTIC	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	5	4	193	\$26,998.19
SC DEPT OF HEALTH & ENVIRO CTL	1	1	93	\$5,155.25
SC DEPT OF MENTAL HEALTH	1	1	2	\$315.45
SPEECH THERAPIST	2	0	0	#N/A
SURGERY, GENERAL	7	1	14	\$2,890.26
OTHER PROVIDER SPECIALTIES	192	74	1,136	\$2,667,304.95

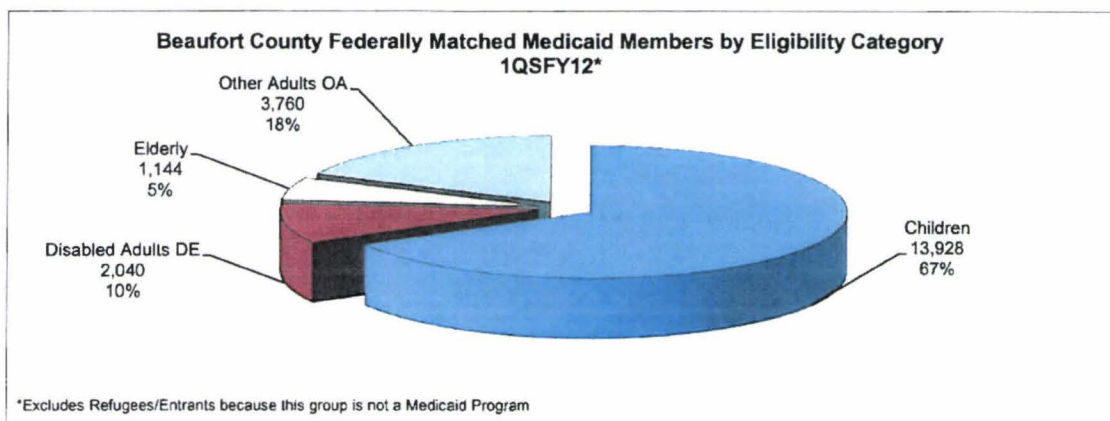
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 12.8% of the Total Population



Beaufort County Federally Matched Medicaid Members

Children = 67%
 Non-Disabled Adults = 18%
 Disabled Adults = 10%
 Elderly = 5%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Beaufort County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	19	\$2,213.38
ALLERGY AND IMMUNOLOGY	2	1	22	\$3,162.37
AMBULATORY SURGERY	4	3	22	\$8,238.41
ANESTHESIOLOGY	21	14	201	\$27,106.39
AUDIOLOGY	5	2	4	\$486.22
CARDIOVASCULAR DISEASES	17	10	178	\$10,180.65
CHIROPRACTIC	12	3	4	\$121.27
CLTC	1	1	2	\$673.24
DENTAL - ENDODONTIST	1	1	3	\$1,047.61
DENTISTRY	32	13	204	\$26,269.94
DERMATOLOGY	7	2	20	\$1,204.72
DEVELOPMENTAL REHABILITATION	2	2	27	\$37,688.80
DIABETES EDUCATOR	2	0	0	#N/A
EMERGENCY MEDICINE	18	14	519	\$43,629.67
FAM PLAN, MATER & CHILD HEALTH	1	0	0	#N/A
FAMILY PRACTICE	48	20	261	\$23,052.13
GASTROENTEROLOGY	10	5	97	\$8,229.12
GENERAL PRACTICE	1	0	0	#N/A
GERIATRICS	1	0	0	#N/A
GYNECOLOGY	1	1	4	\$266.84
INTERNAL MEDICINE	46	23	377	\$48,314.62
LICENSED PROFESSIONAL COUNSEL	8	0	0	#N/A
MENTAL RETARDATION	1	1	118	\$63,777.50
MIDWIFE	3	0	0	#N/A
MULTIPLE SPECIALTY GROUP	5	0	0	#N/A
NEPHROLOGY/ESRD	5	3	43	\$9,316.48
NEUROLOGY	8	4	53	\$8,634.55
NURSE ANESTHETIST	29	20	100	\$6,070.52
NURSE PRAC & PHYSICIAN ASSIST	41	8	54	\$3,755.54
OBSTETRICS AND GYNECOLOGY	30	18	452	\$184,506.66
OCCUPATIONAL THERAPIST	7	4	17	\$18,904.22
ONCOLOGY	7	4	27	\$7,194.59
OPHTHALMOLOGY	23	7	49	\$4,605.16
OPTICIAN	2	0	0	#N/A
OPTOMETRY	35	17	261	\$21,621.41
OTORHINOLARYNGOLOGY	6	3	24	\$2,852.66
PATHOLOGY	4	2	66	\$3,702.09
PEDIATRIC SUB-SPECIALIST	1	1	26	\$2,664.85
PEDIATRICS	30	22	779	\$101,951.49
PEDODONTICS	3	2	179	\$23,046.01
PHYS/OCCUP THERAPIST	23	6	10	\$1,177.05
PHYSICAL MEDICINE & REHAB	1	0	0	#N/A
PODIATRY	9	5	6	\$646.15
PSYCHIATRY	4	3	19	\$1,844.27
PSYCHOLOGIST	7	2	4	\$1,782.60
PULMONARY MEDICINE	7	2	13	\$4,703.23
PVT MENTAL HEALTH	2	1	13	\$51,252.64
RADIOLOGY	8	2	341	\$9,305.98
RADIOLOGY, DIAGNOSTIC	20	8	205	\$5,300.68
RADIOLOGY, THERAPEUTIC	3	2	5	\$9,993.15
RHEUMATOLOGY	2	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	1	1	327	\$37,837.84
SC DEPT OF HEALTH & ENVIRO CTL	1	1	407	\$35,413.61

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

1st Quarter SFY12 Paid

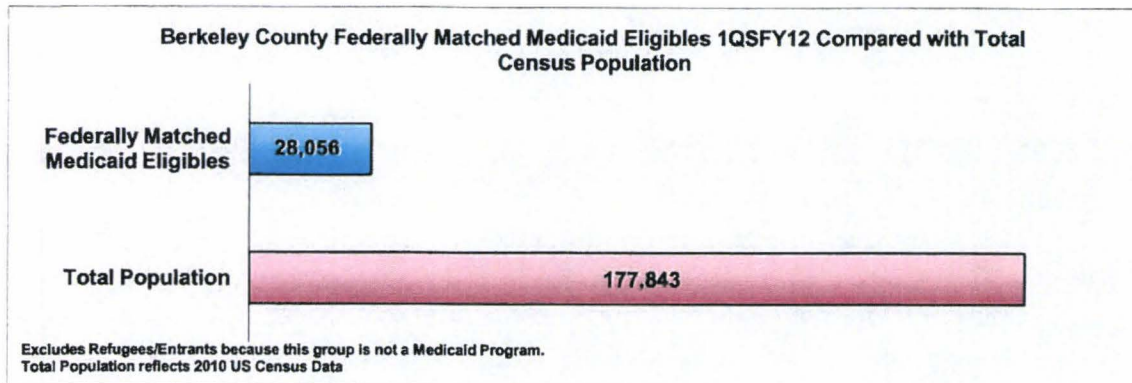
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Beaufort County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SC DEPT OF MENTAL HEALTH	2	2	463	\$359,912.13
SOCIAL WORKER	2	1	1	\$921.59
SPEECH THERAPIST	10	5	14	\$15,472.94
SURGERY, CARDIOVASCULAR	3	1	4	\$368.17
SURGERY, GENERAL	15	10	105	\$18,072.99
SURGERY, ORAL (DENTAL ONLY)	12	4	13	\$7,374.28
SURGERY, ORTHOPEDIC	20	11	158	\$17,073.46
SURGERY, PLASTIC	4	2	5	\$1,443.00
SURGERY, UROLOGICAL	6	3	60	\$83,444.00
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	203	100	3,727	\$5,409,402.17

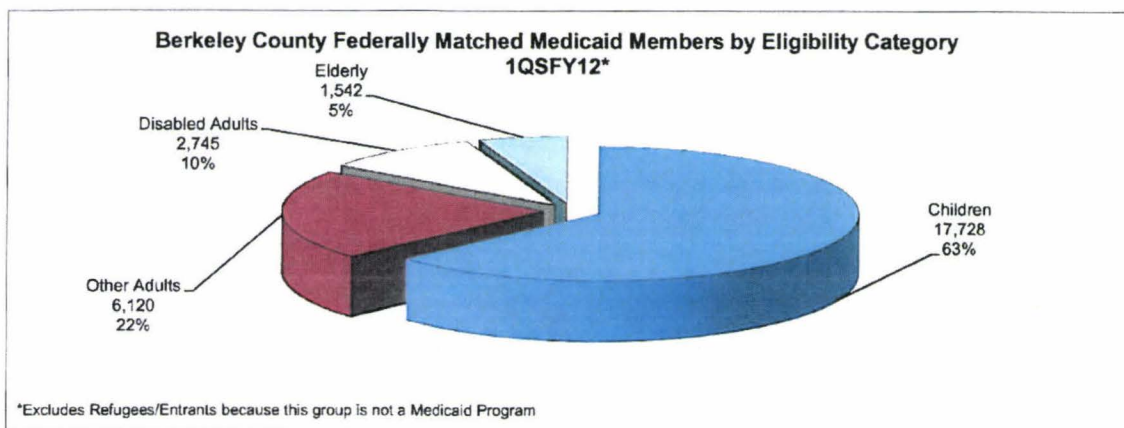
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 15.8% of the Total Population



Berkeley County Federally Matched Medicaid Members

Children = 63%
Non-Disabled Adults = 22%
Disabled Adults = 10%
Elderly = 5%

1st Quarter SFY12 Paid

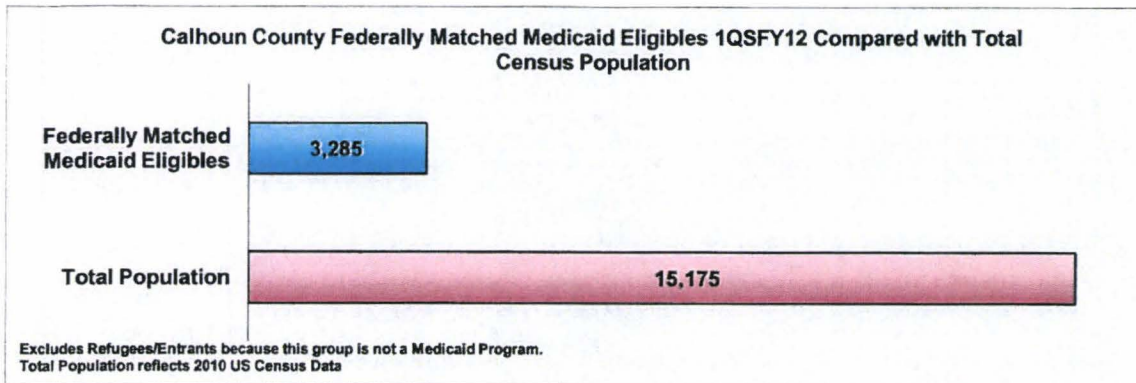
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Berkeley County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	50	\$16,729.27
AUDIOLOGY	1	0	0	#N/A
CARDIOVASCULAR DISEASES	4	3	51	\$2,024.23
CHIROPRACTIC	12	5	6	\$403.95
DENTISTRY	34	21	297	\$55,570.90
DERMATOLOGY	2	0	0	#N/A
DEVELOPMENTAL REHABILITATION	1	1	51	\$13,562.26
DIABETES EDUCATOR	2	0	0	#N/A
EMERGENCY MEDICINE	4	2	69	\$3,620.96
FAMILY PRACTICE	42	22	442	\$31,974.30
FED QUAL HEALTH CLINIC (FQHC)	2	2	98	\$7,290.70
INTERNAL MEDICINE	8	3	91	\$9,866.11
LICENSED INDEPT SOCIAL WORKER	4	2	21	\$6,366.34
LICENSED PROFESSIONAL COUNSEL	5	3	16	\$4,817.78
MENTAL RETARDATION	1	1	169	\$87,542.50
MIDWIFE	1	1	5	\$880.73
NEPHROLOGY/ESRD	3	1	28	\$18,765.89
NEUROLOGY	1	0	0	#N/A
NURSE PRAC & PHYSICIAN ASSIST	24	3	34	\$1,207.45
OBSTETRICS AND GYNECOLOGY	1	0	0	#N/A
OCCUPATIONAL THERAPIST	15	7	60	\$30,229.18
OPHTHALMOLOGY	4	2	8	\$1,387.58
OPTICIAN	2	1	4	\$106.12
OPTOMETRY	11	7	197	\$22,547.31
PATHOLOGY	1	1	36	\$1,097.53
PEDIATRICS	6	3	118	\$13,008.37
PEDODONTICS	5	3	100	\$21,152.16
PHYS/OCCUP THERAPIST	24	9	60	\$33,779.49
PODIATRY	1	0	0	#N/A
PSYCHIATRY	2	2	124	\$9,415.36
PSYCHIATRY, CHILD	1	0	0	#N/A
PULMONARY MEDICINE	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	2	2	120	\$10,640.40
SC DEPT OF HEALTH & ENVIRO CTL	1	1	488	\$36,393.90
SC DEPT OF MENTAL HEALTH	2	1	374	\$224,454.50
SPEECH THERAPIST	11	4	34	\$27,604.73
SURGERY, GENERAL	3	0	0	#N/A
SURGERY, ORAL (DENTAL ONLY)	2	1	19	\$2,741.34
SURGERY, ORTHOPEDIC	1	0	0	#N/A
SURGERY, PLASTIC	3	1	3	\$2,155.39
SURGERY, UROLOGICAL	1	0	0	#N/A
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	233	90	4,032	\$4,264,048.53

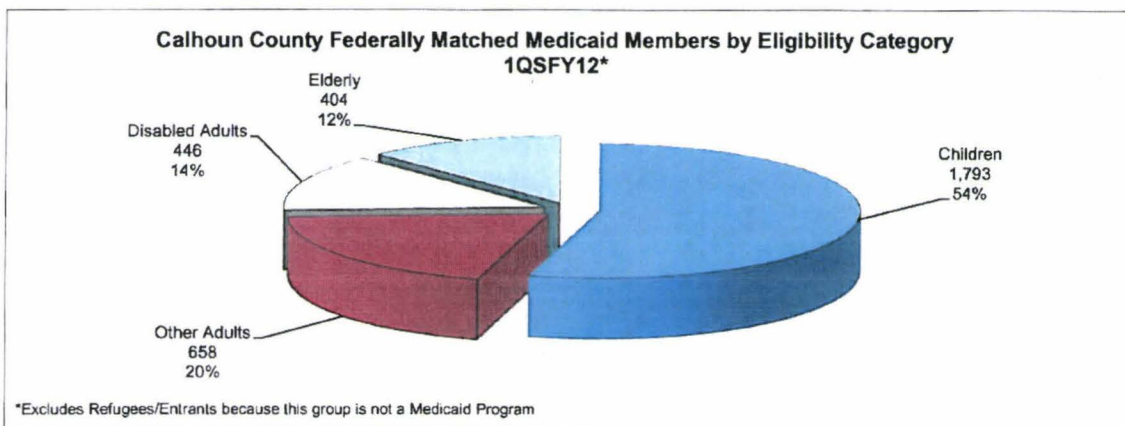
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 21.6% of the Total Population



Calhoun County Federally Matched Medicaid Members

Children = 54%
 Non-Disabled Adults = 20%
 Disabled Adults = 14%
 Elderly = 12%

1st Quarter SFY12 Paid

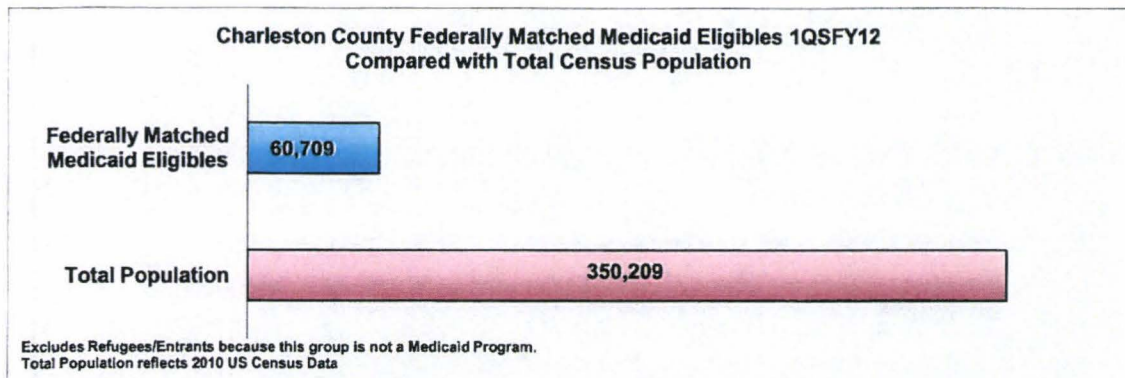
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Calhoun County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
DENTISTRY	4	3	33	\$3,362.38
DEVELOPMENTAL REHABILITATION	1	1	61	\$11,987.09
FAMILY PRACTICE	3	1	1	\$0.32
MENTAL RETARDATION	1	1	70	\$41,467.50
RURAL HEALTH CLINICS (RHC)	2	1	27	\$1,604.22
SC DEPT OF HEALTH & ENVIRO CTL	1	1	136	\$8,762.07
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SPEECH THERAPIST	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	32	17	414	\$1,470,808.18

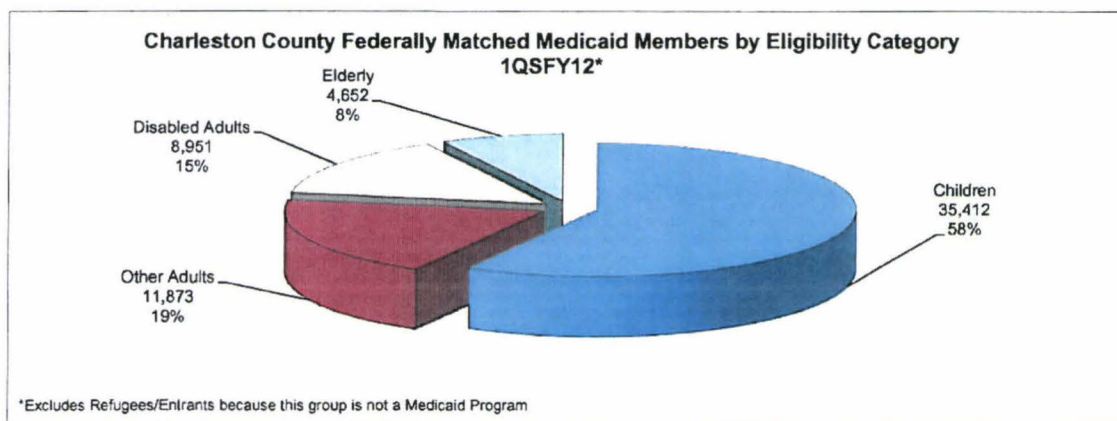
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 17.3% of the Total Population



Charleston County Federally Matched Medicaid Members

Children = 58%
 Non-Disabled Adults = 19%
 Disabled Adults = 15%
 Elderly = 8%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Charleston County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	119	\$107,667.73
ALLERGY AND IMMUNOLOGY	19	10	176	\$31,780.75
AMBULATORY SURGERY	9	8	208	\$64,760.39
ANESTHESIOLOGY	191	130	1,345	\$243,005.87
AUDIOLOGY	11	6	17	\$437.71
CARDIOVASCULAR DISEASES	59	42	1,244	\$49,301.06
CHIROPRACTIC	57	8	12	\$725.80
CLTC	2	2	115	\$104,448.46
DENTAL - ENDODONTIST	2	2	2	\$1,067.86
DENTISTRY	153	79	1,387	\$247,369.30
DERMATOLOGY	29	24	108	\$12,195.97
DEVELOPMENTAL REHABILITATION	5	5	558	\$145,333.11
DIABETES EDUCATOR	8	2	10	\$390.87
EMERGENCY MEDICINE	128	102	4,700	\$368,339.64
ENDOCRINOLOGY AND METAB.	10	6	62	\$7,501.88
FAM PLAN, MATER & CHILD HEALTH	3	2	125	\$13,535.01
FAMILY PRACTICE	173	102	1,548	\$126,142.36
FED QUAL HEALTH CLINIC (FQHC)	7	7	679	\$53,256.43
GASTROENTEROLOGY	56	35	330	\$51,575.72
GENERAL PRACTICE	17	7	130	\$10,091.11
GERIATRICS	9	4	75	\$6,732.50
GYNECOLOGY	9	6	80	\$8,978.81
HEMATOLOGY	14	11	202	\$72,609.47
HOSPITAL PATHOLOGY	19	13	387	\$20,438.48
INFECTIOUS DISEASES	21	14	174	\$37,117.90
INTERNAL MEDICINE	293	177	1,632	\$223,834.56
LICENSED INDEPT SOCIAL WORKER	6	2	7	\$615.36
LICENSED PROFESSIONAL COUNSEL	16	6	25	\$5,903.25
MENTAL RETARDATION	1	1	566	\$303,882.50
MIDWIFE	29	12	274	\$25,455.12
MULTIPLE SPECIALTY GROUP	17	0	0	#N/A
NEONATOLOGY	8	3	71	\$67,508.08
NEPHROLOGY/ESRD	49	34	364	\$120,809.91
NEUROLOGY	52	30	409	\$87,081.01
NUCLEAR MEDICINE	3	3	79	\$2,608.95
NURSE ANESTHETIST	181	133	700	\$56,099.59
NURSE PRAC & PHYSICIAN ASSIST	302	61	310	\$18,160.35
OBSTETRICS	2	2	108	\$18,407.40
OBSTETRICS AND GYNECOLOGY	128	95	2,564	\$697,442.46
OCCUPATIONAL THERAPIST	67	38	219	\$138,177.33
ONCOLOGY	36	22	308	\$168,858.59
OPHTHALMOLOGY	70	43	607	\$48,773.10
OPTICIAN	5	2	20	\$530.60
OPTOMETRY	77	40	402	\$46,464.26
ORTHODONTICS	1	0	0	#N/A
OSTEOPATHY	1	1	50	\$3,446.20
OTORHINOLARYNGOLOGY	42	27	327	\$72,759.28
PATHOLOGY	38	24	667	\$37,418.23
PATHOLOGY, CLINICAL	3	1	29	\$1,572.85
PEDIATRIC SUB-SPECIALIST	80	79	1,693	\$986,400.28
PEDIATRICS	158	99	2,674	\$355,374.31
PEDIATRICS, ALLERGY	1	1	25	\$3,908.58

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1st Quarter SFY12 Paid

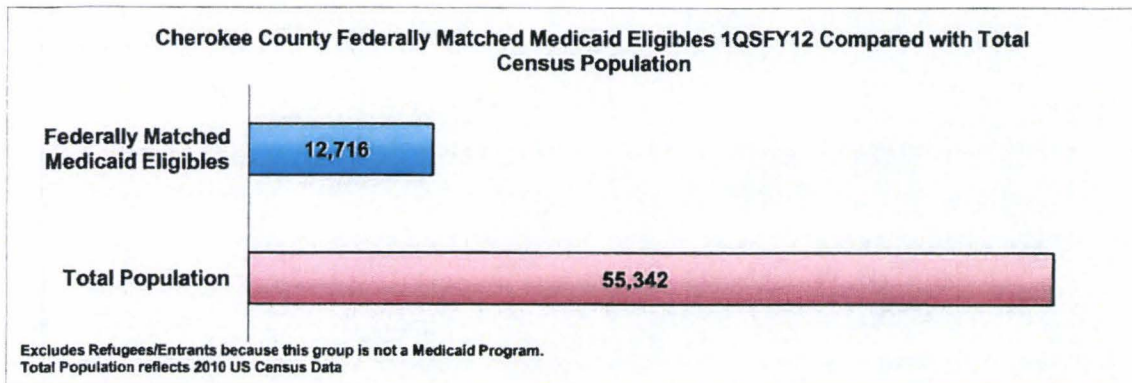
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Charleston County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PEDIATRICS, CARDIOLOGY	5	1	5	\$9,545.85
PEDODONTICS	18	12	360	\$54,448.49
PHYS/OCCUP THERAPIST	99	27	202	\$105,599.56
PHYSICAL MEDICINE & REHAB	26	17	135	\$21,538.33
PODIATRY	28	9	22	\$186.03
PSYCHIATRY	113	47	599	\$86,702.22
PSYCHIATRY, CHILD	18	10	174	\$23,815.00
PSYCHOLOGIST	53	10	31	\$3,145.06
PULMONARY MEDICINE	49	35	354	\$64,990.27
PVT MENTAL HEALTH	6	3	236	\$118,108.48
RADIOLOGY	36	25	1,369	\$69,191.81
RADIOLOGY, DIAGNOSTIC	95	65	2,644	\$109,372.02
RADIOLOGY, THERAPEUTIC	12	10	173	\$117,713.36
RHEUMATOLOGY	22	17	123	\$20,942.09
RURAL HEALTH CLINICS (RHC)	1	1	60	\$7,070.47
SC CONTINUUM OF CARE	2	2	210	\$251,398.98
SC DEPT OF HEALTH & ENVIRO CTL	1	1	1,083	\$95,222.17
SC DEPT OF MENTAL HEALTH	3	3	1,536	\$910,235.33
SOCIAL WORKER	1	1	1	\$20.08
SPEECH THERAPIST	80	47	321	\$255,148.40
SURGERY, CARDIOVASCULAR	23	13	163	\$27,278.34
SURGERY, COLON AND RECTAL	6	3	8	\$1,193.03
SURGERY, GENERAL	93	56	590	\$114,204.18
SURGERY, NEUROLOGICAL	25	18	123	\$70,282.54
SURGERY, ORAL (DENTAL ONLY)	19	13	78	\$33,231.57
SURGERY, ORTHOPEDIC	93	51	314	\$63,965.50
SURGERY, PEDIATRIC	3	0	0	#N/A
SURGERY, PLASTIC	29	10	45	\$23,449.75
SURGERY, THORACIC	11	6	29	\$14,348.08
SURGERY, UROLOGICAL	42	30	334	\$36,375.94
THERAPIST/MULTI SPECIALTY GRP	13	0	0	#N/A
OTHER PROVIDER SPECIALTIES	697	364	21,886	\$46,856,001.97

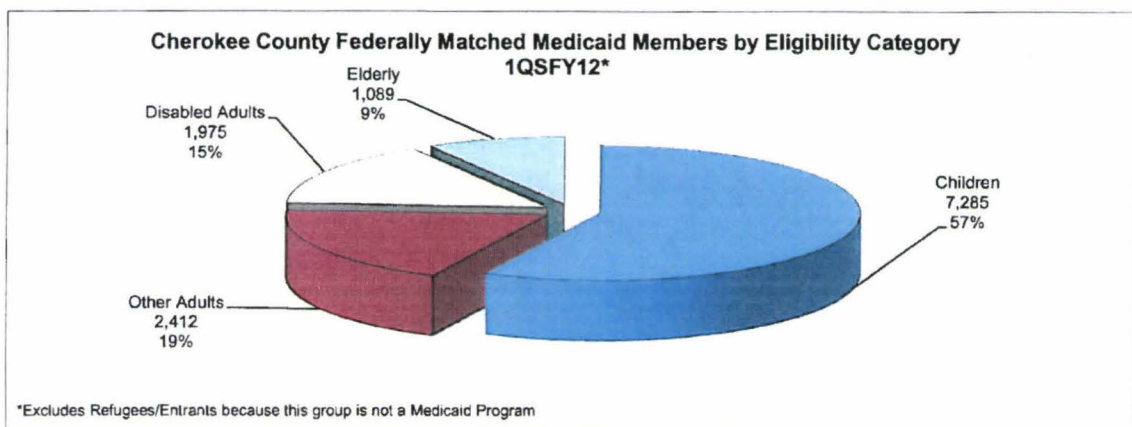
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 23.0% of the Total Population



Cherokee County Federally Matched Medicaid Members

Children = 57%
 Non-Disabled Adults = 19%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

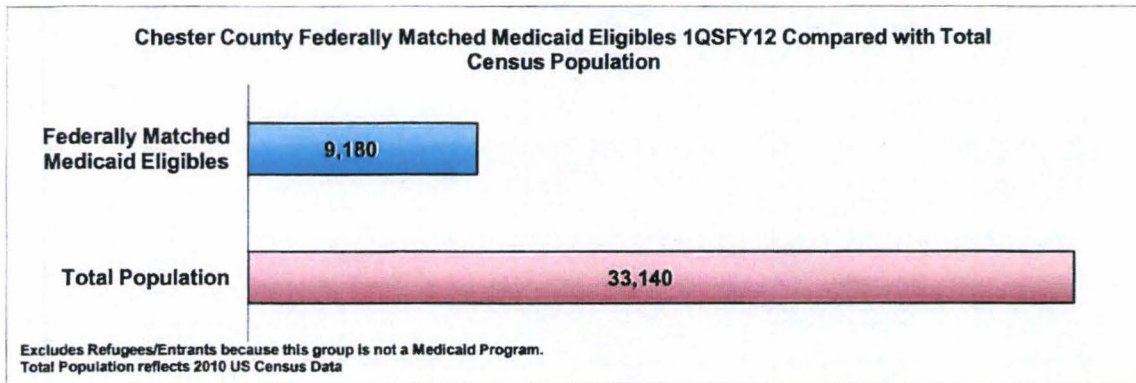
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Cherokee County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	10	\$1,893.64
ALLERGY AND IMMUNOLOGY	1	0	0	#N/A
ANESTHESIOLOGY	7	4	18	\$1,899.60
AUDIOLOGY	1	0	0	#N/A
CHIROPRACTIC	10	5	12	\$765.96
DENTISTRY	12	8	107	\$18,356.86
DEVELOPMENTAL REHABILITATION	1	1	196	\$39,142.00
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	6	3	229	\$13,319.75
FAMILY PRACTICE	27	15	413	\$27,776.64
GENERAL PRACTICE	1	1	13	\$686.02
INTERNAL MEDICINE	8	3	74	\$6,310.82
LICENSED INDEPT SOCIAL WORKER	1	0	0	#N/A
MENTAL RETARDATION	1	1	60	\$30,357.50
MIDWIFE	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	15	\$5,044.89
NURSE ANESTHETIST	2	2	8	\$951.79
NURSE PRAC & PHYSICIAN ASSIST	7	1	48	\$2,745.84
OBSTETRICS AND GYNECOLOGY	4	2	180	\$33,874.63
OCCUPATIONAL THERAPIST	2	1	4	\$2,164.56
OPHTHALMOLOGY	1	0	0	#N/A
OPTOMETRY	6	4	120	\$10,959.47
OTORHINOLARYNGOLOGY	3	0	0	#N/A
PEDIATRICS	7	3	98	\$3,389.50
PHYS/OCCUP THERAPIST	6	1	1	\$55.81
PODIATRY	3	2	43	\$1,123.24
PSYCHOLOGIST	1	0	0	#N/A
PULMONARY MEDICINE	1	0	0	#N/A
PVT MENTAL HEALTH	1	1	5	\$35,112.47
RADIOLOGY, DIAGNOSTIC	1	1	73	\$432.10
RURAL HEALTH CLINICS (RHC)	3	3	264	\$33,501.91
SC DEPT OF HEALTH & ENVIRO CTL	1	1	215	\$13,713.97
SC DEPT OF MENTAL HEALTH	1	1	10	\$3,826.15
SPEECH THERAPIST	4	3	35	\$20,142.51
SURGERY, GENERAL	6	3	47	\$3,562.22
SURGERY, ORTHOPEDIC	6	2	20	\$2,479.09
SURGERY, UROLOGICAL	2	1	1	\$530.05
THERAPIST/MULTI SPECIALTY GRP	3	0	0	#N/A
OTHER PROVIDER SPECIALTIES	105	50	2,126	\$3,050,878.48

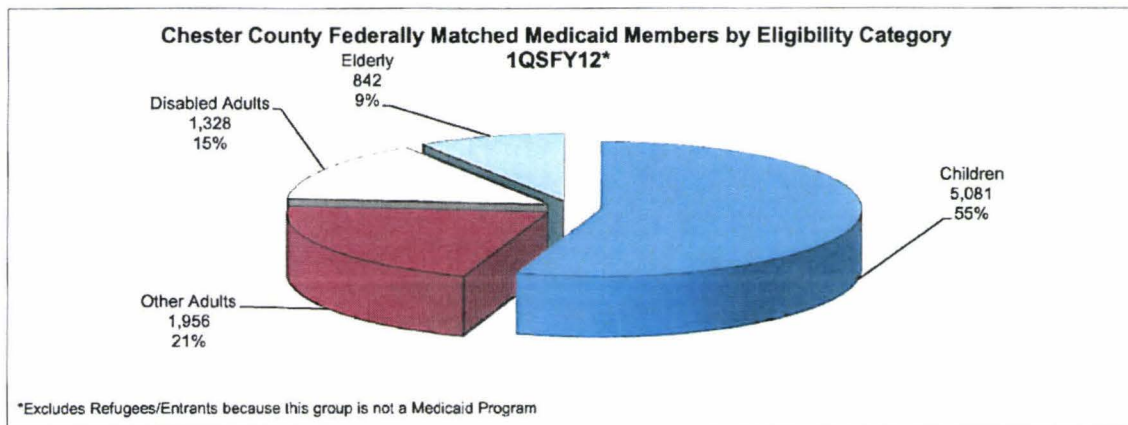
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 27.7% of the Total Population



Chester County Federally Matched Medicaid Members

Children = 55%
 Non-Disabled Adults = 21%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

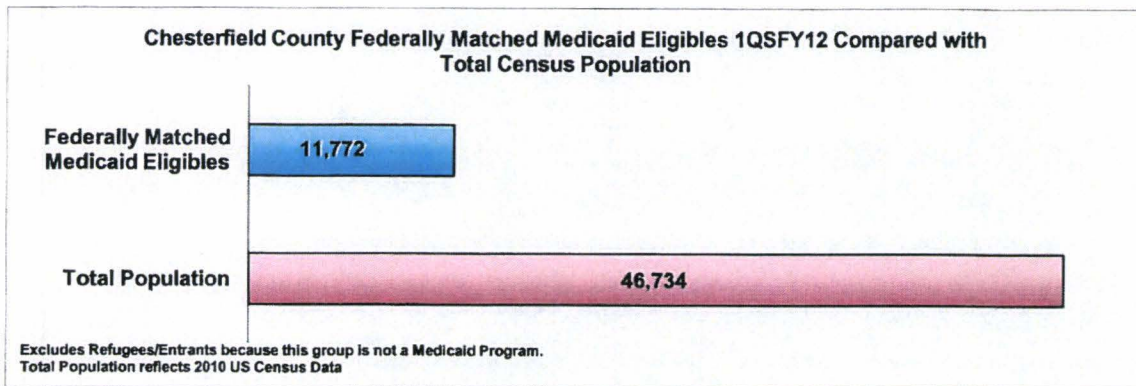
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Chester County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	7	\$4,944.64
ANESTHESIOLOGY	1	1	19	\$466.60
CARDIOVASCULAR DISEASES	3	1	10	\$43.82
CHIROPRACTIC	2	1	1	\$88.02
CLTC	1	1	77	\$34,773.42
DENTISTRY	9	6	99	\$12,771.48
DEVELOPMENTAL REHABILITATION	1	1	42	\$30,613.11
EMERGENCY MEDICINE	8	1	84	\$2,838.18
FAMILY PRACTICE	10	9	797	\$46,003.26
INTERNAL MEDICINE	10	6	221	\$27,890.42
MULTIPLE SPECIALTY GROUP	2	0	0	#N/A
NEPHROLOGY/ESRD	2	1	1	-\$3,467.20
NUCLEAR MEDICINE	1	1	65	\$2,429.79
NURSE ANESTHETIST	1	1	3	\$169.31
NURSE PRAC & PHYSICIAN ASSIST	3	3	58	\$2,560.10
OBSTETRICS AND GYNECOLOGY	2	1	51	\$6,970.06
OPHTHALMOLOGY	2	1	15	\$1,321.55
OPTOMETRY	1	1	18	\$2,086.71
PATHOLOGY	1	0	0	#N/A
PEDIATRICS	3	2	178	\$17,048.15
PODIATRY	2	1	1	\$661.50
SC DEPT OF HEALTH & ENVIRO CTL	1	1	164	\$9,527.82
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SPEECH THERAPIST	1	1	4	\$3,909.08
SURGERY, GENERAL	2	2	37	\$5,197.69
SURGERY, ORTHOPEDIC	2	2	4	\$374.82
SURGERY, UROLOGICAL	1	1	6	\$470.41
OTHER PROVIDER SPECIALTIES	136	62	1,433	\$1,929,956.59

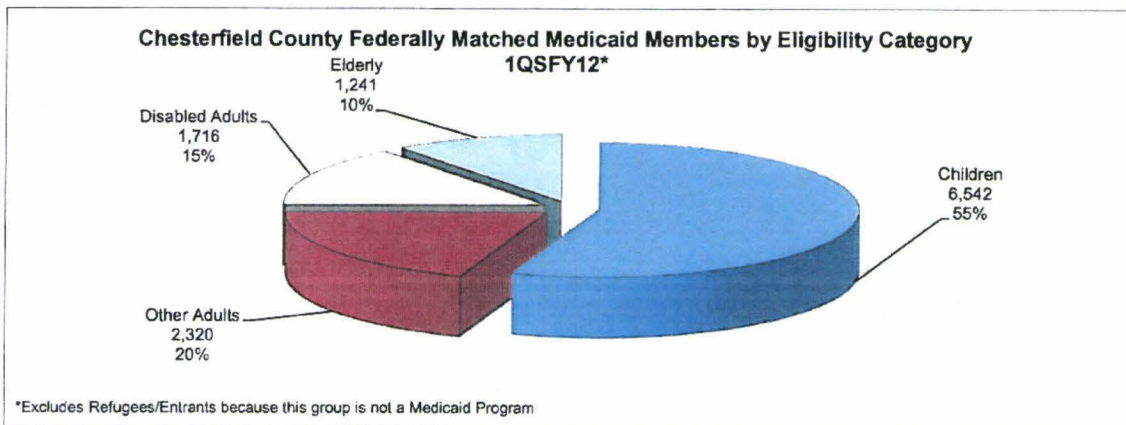
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 25.2% of the Total Population



Chesterfield County Federally Matched Medicaid Members

Children = 55%
 Non-Disabled Adults = 20%
 Disabled Adults = 15%
 Elderly = 10%

1st Quarter SFY12 Paid

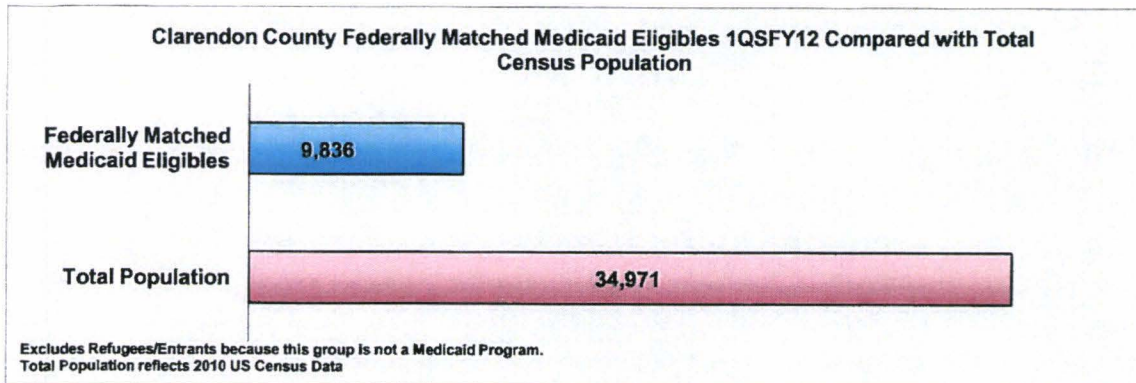
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Chesterfield County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CARDIOVASCULAR DISEASES	1	1	93	\$1,113.27
CHIROPRACTIC	6	1	1	\$26.18
DENTISTRY	17	8	160	\$21,978.49
DEVELOPMENTAL REHABILITATION	1	1	69	\$21,446.92
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	6	4	165	\$4,691.66
FAMILY PRACTICE	24	10	520	\$22,682.89
FED QUAL HEALTH CLINIC (FQHC)	4	4	456	\$74,319.72
GENERAL PRACTICE	2	1	50	\$3,751.30
INFECTIOUS DISEASES	1	1	23	\$1,632.42
INTERNAL MEDICINE	11	3	118	\$16,809.56
MENTAL RETARDATION	1	1	190	\$83,920.00
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	3	2	42	\$12,442.63
NURSE ANESTHETIST	5	3	18	\$1,785.59
NURSE PRAC & PHYSICIAN ASSIST	5	4	83	\$4,624.71
OBSTETRICS AND GYNECOLOGY	3	3	243	\$49,056.16
OCCUPATIONAL THERAPIST	1	0	0	#N/A
OPHTHALMOLOGY	3	1	3	\$217.24
OPTOMETRY	7	3	83	\$7,831.84
PEDIATRICS	4	2	206	\$25,013.69
PHYS/OCCUP THERAPIST	1	0	0	#N/A
PSYCHOLOGIST	1	0	0	#N/A
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	2	1	1	\$2.89
RURAL HEALTH CLINICS (RHC)	1	1	167	\$7,982.21
SC DEPT OF HEALTH & ENVIRO CTL	1	1	205	\$8,392.16
SC DEPT OF MENTAL HEALTH	1	1	3	\$245.35
SURGERY, GENERAL	1	1	32	\$3,391.77
SURGERY, ORTHOPEDIC	1	1	13	\$1,580.38
SURGERY, UROLOGICAL	2	1	16	\$2,781.42
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALITIES	52	39	2,390	\$3,245,627.40

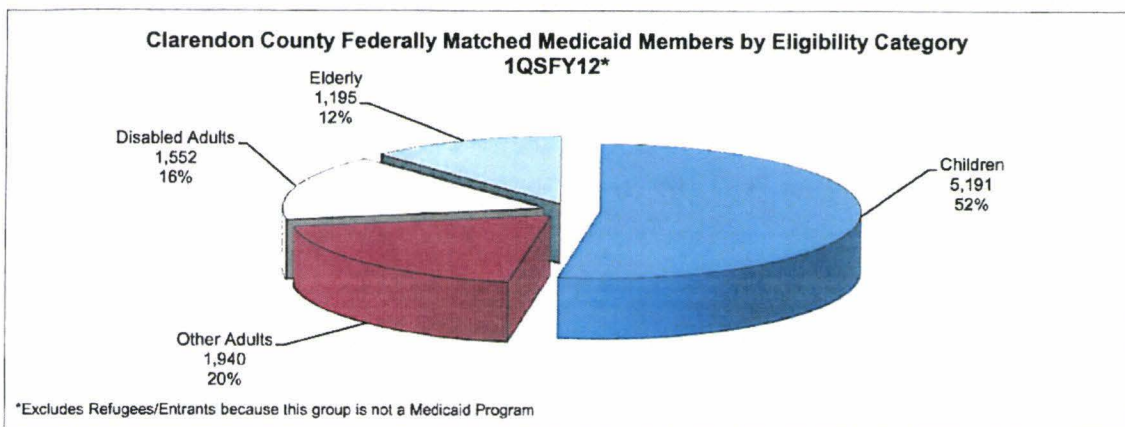
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 28.1% of the Total Population



Clarendon County Federally Matched Medicaid Members

Children = 52%
 Non-Disabled Adults = 20%
 Disabled Adults = 16%
 Elderly = 12%

1st Quarter SFY12 Paid

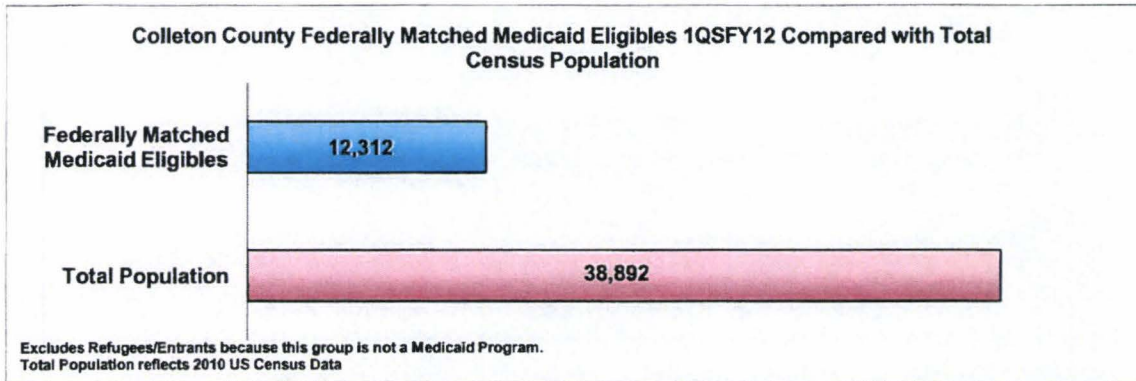
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Clarendon County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	22	\$4,868.65
ANESTHESIOLOGY	3	3	192	\$10,360.99
CARDIOVASCULAR DISEASES	1	1	36	\$4,595.76
CHIROPRACTIC	1	0	0	#N/A
CLTC	1	1	114	\$40,079.20
DENTISTRY	12	7	90	\$10,550.39
DEVELOPMENTAL REHABILITATION	3	2	61	\$13,450.59
EMERGENCY MEDICINE	5	3	236	\$11,385.85
FAMILY PRACTICE	20	11	306	\$22,753.99
FED QUAL HEALTH CLINIC (FQHC)	2	1	725	\$129,079.36
INTERNAL MEDICINE	6	1	27	\$1,491.86
LICENSED PROFESSIONAL COUNSEL	1	1	1	\$153.94
MENTAL RETARDATION	1	1	148	\$78,812.50
MULTIPLE SPECIALTY GROUP	2	0	0	#N/A
NEPHROLOGY/ESRD	2	2	32	\$64,740.54
NURSE ANESTHETIST	4	2	40	\$2,184.28
NURSE PRAC & PHYSICIAN ASSIST	8	0	0	#N/A
OBSTETRICS AND GYNECOLOGY	6	5	226	\$38,304.04
OCCUPATIONAL THERAPIST	1	1	2	\$675.44
OPTOMETRY	4	2	211	\$18,161.49
OSTEOPATHY	1	1	45	\$2,066.09
OTORHINOLARYNGOLOGY	1	1	15	\$534.05
PEDIATRICS	4	3	8	\$572.68
PHYS/OCCUP THERAPIST	2	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	5	4	445	\$41,297.39
SC DEPT OF HEALTH & ENVIRO CTL	1	1	243	\$14,423.85
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SPEECH THERAPIST	1	1	2	\$1,656.83
SURGERY, GENERAL	4	2	48	\$7,219.55
SURGERY, ORTHOPEDIC	2	1	21	\$4,384.63
SURGERY, UROLOGICAL	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	207	77	3,066	\$3,322,122.49

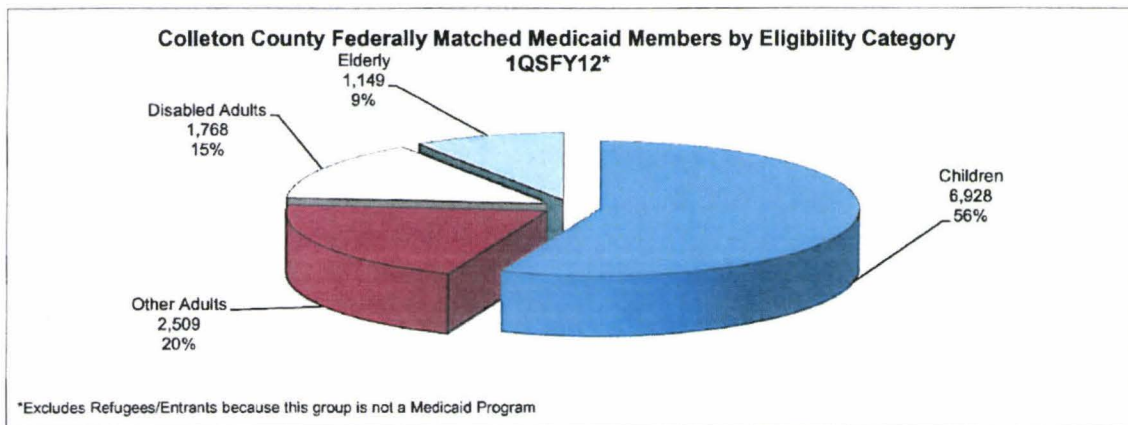
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 31.7% of the Total Population



Colleton County Federally Matched Medicaid Members

Children = 56%
 Non-Disabled Adults = 20%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Colleton County 1QSFY12**

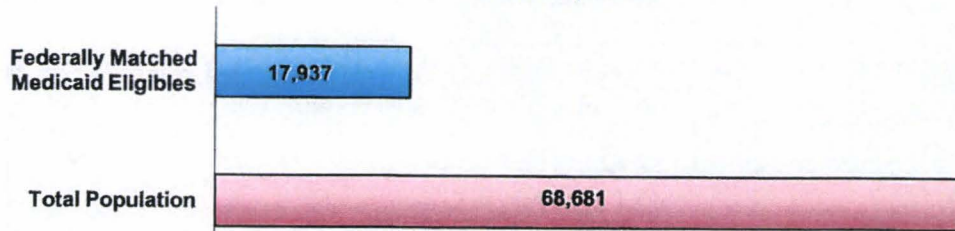
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	11	\$14,667.37
AMBULATORY SURGERY	1	1	1	\$293.30
ANESTHESIOLOGY	8	4	124	\$10,321.95
CARDIOVASCULAR DISEASES	2	1	27	\$2,790.02
CHIROPRACTIC	2	0	0	#N/A
CLTC	1	1	6	\$1,332.29
DENTISTRY	10	6	174	\$30,035.46
DEVELOPMENTAL REHABILITATION	1	1	98	\$23,171.22
EMERGENCY MEDICINE	14	7	374	\$21,218.16
ENDOCRINOLOGY AND METAB.	1	0	0	#N/A
FAMILY PRACTICE	13	9	329	\$13,185.81
FED QUAL HEALTH CLINIC (FQHC)	1	1	10	\$1,040.92
INTERNAL MEDICINE	17	10	144	\$23,146.26
MENTAL RETARDATION	1	1	90	\$32,737.50
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	1	-\$5,320.40
NURSE ANESTHETIST	12	6	67	\$4,862.32
NURSE PRAC & PHYSICIAN ASSIST	8	2	54	\$4,593.16
OBSTETRICS AND GYNECOLOGY	5	2	184	\$43,475.58
OPHTHALMOLOGY	1	0	0	#N/A
OPTICIAN	1	1	16	\$424.48
OPTOMETRY	8	3	89	\$7,355.89
PATHOLOGY	2	2	140	\$4,656.82
PEDIATRICS	5	4	236	\$29,671.53
PODIATRY	4	1	5	\$146.77
RADIOLOGY	1	1	28	\$394.41
RURAL HEALTH CLINICS (RHC)	2	2	1,094	\$92,293.93
SC DEPT OF HEALTH & ENVIRO CTL	1	1	201	\$17,575.16
SC DEPT OF MENTAL HEALTH	1	1	6	\$422.50
SPEECH THERAPIST	4	3	4	\$1,891.04
SURGERY, GENERAL	5	3	55	\$11,430.77
SURGERY, ORTHOPEDIC	4	2	31	\$5,396.17
OTHER PROVIDER SPECIALTIES	113	49	2,145	\$2,762,861.96

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1st Quarter SFY12 Paid

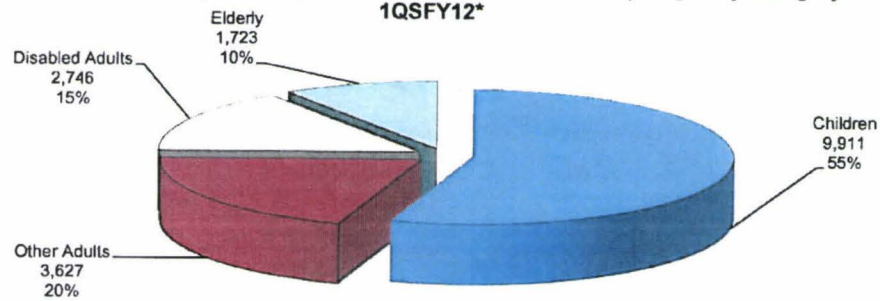
Darlington County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Excludes Refugees/Entrants because this group is not a Medicaid Program.
Total Population reflects 2010 US Census Data

Federally Matched Medicaid Eligibles represent 26.1% of the Total Population

Darlington County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



*Excludes Refugees/Entrants because this group is not a Medicaid Program

Darlington County Federally Matched Medicaid Members

Children = 55%
Non-Disabled Adults = 20%
Disabled Adults = 15%
Elderly = 10%

1st Quarter SFY12 Paid

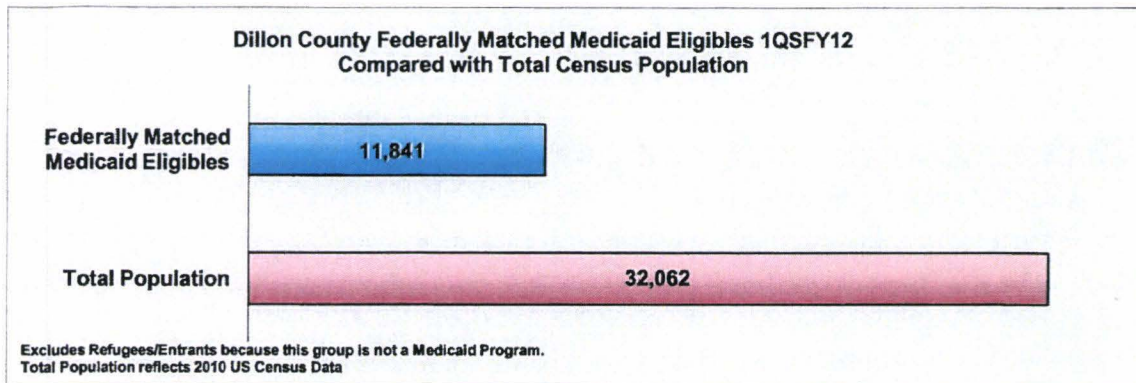
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Darlington County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	82	\$94,823.02
ANESTHESIOLOGY	5	3	90	\$9,710.22
CARDIOVASCULAR DISEASES	3	2	175	\$3,665.78
CHIROPRACTIC	11	5	12	\$670.45
CLTC	1	1	15	\$4,537.37
DENTISTRY	23	11	305	\$48,094.88
DEVELOPMENTAL REHABILITATION	1	1	227	\$81,794.51
EMERGENCY MEDICINE	12	9	414	\$20,842.31
FAMILY PRACTICE	43	27	980	\$56,760.63
FED QUAL HEALTH CLINIC (FQHC)	3	3	1,039	\$190,175.78
GASTROENTEROLOGY	1	1	4	\$99.92
GENERAL PRACTICE	4	3	186	\$6,893.21
INTERNAL MEDICINE	9	9	300	\$28,106.75
LICENSED INDEPT SOCIAL WORKER	2	1	1	\$669.66
LICENSED PROFESSIONAL COUNSEL	7	0	0	#N/A
MENTAL RETARDATION	1	1	179	\$100,395.00
MIDWIFE	1	1	11	\$1,050.28
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	3	3	58	\$50,440.59
NEUROLOGY	3	1	7	\$1,561.69
NURSE ANESTHETIST	11	7	51	\$2,501.05
NURSE PRAC & PHYSICIAN ASSIST	27	10	84	\$3,257.38
OBSTETRICS AND GYNECOLOGY	7	4	362	\$69,300.58
OCCUPATIONAL THERAPIST	3	2	73	\$38,710.09
OPTOMETRY	8	5	103	\$8,328.03
OSTEOPATHY	1	1	160	\$5,426.52
OTORHINOLARYNGOLOGY	1	1	58	\$10,534.79
PATHOLOGY	1	1	54	\$1,267.91
PEDIATRICS	13	8	881	\$111,604.04
PEDODONTICS	1	0	0	#N/A
PHYS/OCCUP THERAPIST	9	2	46	\$37,775.45
PSYCHIATRY	9	4	15	\$2,869.46
PVT MENTAL HEALTH	2	1	53	\$186,624.90
RADIOLOGY	1	1	306	\$4,247.65
RADIOLOGY, DIAGNOSTIC	3	2	301	\$4,779.84
RURAL HEALTH CLINICS (RHC)	1	1	163	\$45,488.94
SC DEPT OF HEALTH & ENVIRO CTL	1	1	557	\$28,287.29
SC DEPT OF MENTAL HEALTH	1	1	6	\$4,209.87
SPEECH THERAPIST	8	3	25	\$13,435.46
SURGERY, GENERAL	8	5	66	\$16,594.63
SURGERY, ORTHOPEDIC	4	3	42	\$3,221.66
SURGERY, UROLOGICAL	1	1	15	\$2,114.97
THERAPIST/MULTI SPECIALTY GRP	3	0	0	#N/A
OTHER PROVIDER SPECIALTIES	124	70	4,813	\$8,389,896.18

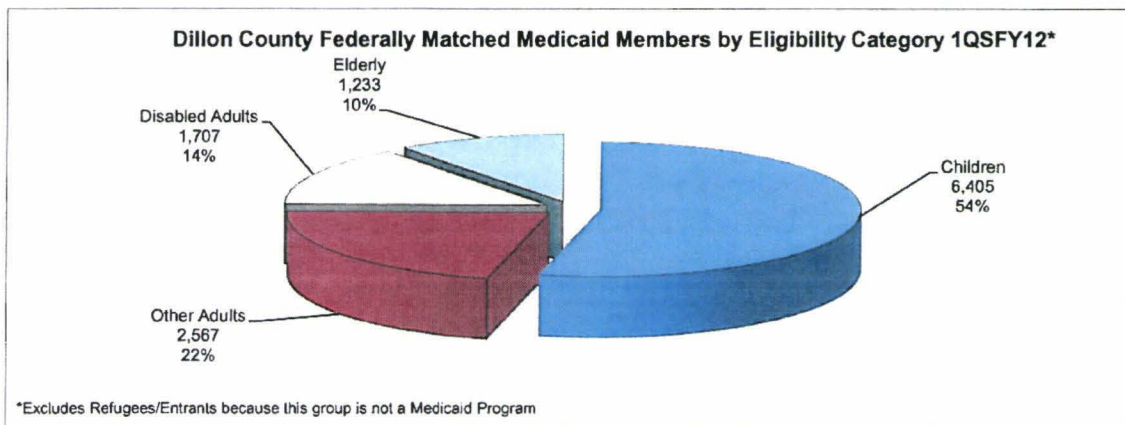
Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 36.9% of the Total Population



Dillon County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 22%
Disabled Adults = 14%
Elderly = 10%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Dillon County 1QSFY12**

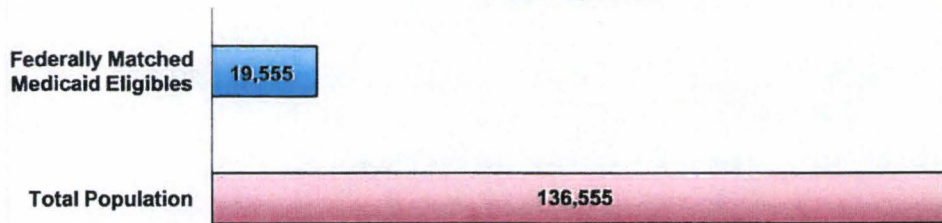
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	9	\$3,089.71
CHIROPRACTIC	8	5	19	\$1,672.51
DENTISTRY	13	7	71	\$9,595.02
DEVELOPMENTAL REHABILITATION	3	2	162	\$6,238.17
EMERGENCY MEDICINE	10	4	241	\$14,158.17
FAM PLAN, MATER & CHILD HEALTH	1	1	7	\$4,376.56
FAMILY PRACTICE	12	8	534	\$70,922.93
FED QUAL HEALTH CLINIC (FQHC)	1	1	34	\$4,506.06
GENERAL PRACTICE	1	0	0	#N/A
INTERNAL MEDICINE	5	4	230	\$23,972.24
LICENSED PROFESSIONAL COUNSEL	1	1	11	\$3,112.96
MENTAL RETARDATION	1	1	134	\$58,935.00
NEPHROLOGY/ESRD	1	1	30	\$19,715.31
NURSE ANESTHETIST	3	2	6	\$1,171.12
NURSE PRAC & PHYSICIAN ASSIST	10	3	176	\$9,925.96
OBSTETRICS AND GYNECOLOGY	6	3	156	\$31,568.64
OCCUPATIONAL THERAPIST	2	1	31	\$25,403.98
OPHTHALMOLOGY	2	0	0	#N/A
OPTOMETRY	4	2	110	\$13,422.07
OSTEOPATHY	1	0	0	#N/A
PEDIATRICS	4	2	200	\$25,032.60
PHYS/OCCUP THERAPIST	1	0	0	#N/A
PODIATRY	1	1	9	\$1,431.03
PSYCHOLOGIST	2	2	8	\$4,530.20
RURAL HEALTH CLINICS (RHC)	2	1	117	\$24,831.33
SC DEPT OF HEALTH & ENVIRO CTL	1	1	322	\$18,450.43
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SPEECH THERAPIST	5	1	9	\$5,773.80
SURGERY, GENERAL	4	2	25	\$7,718.87
SURGERY, ORTHOPEDIC	2	1	27	\$2,013.00
OTHER PROVIDER SPECIALTIES	61	45	1,809	\$2,539,694.53

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1st Quarter SFY12 Paid

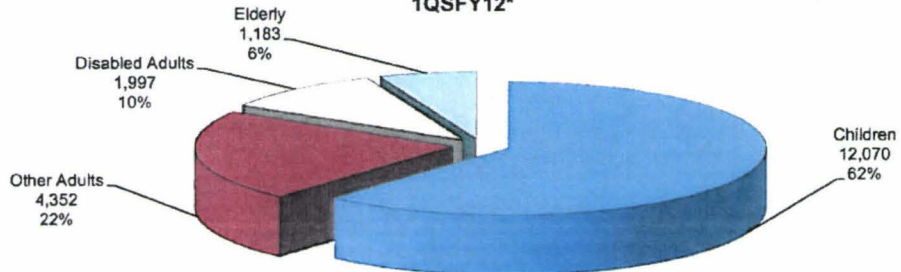
Dorchester County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Excludes Refugees/Entrants because this group is not a Medicaid Program.
Total Population reflects 2010 US Census Data

Federally Matched Medicaid Eligibles represent 14.3% of the Total Population

Dorchester County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



*Excludes Refugees/Entrants because this group is not a Medicaid Program

Dorchester County Federally Matched Medicaid Members

Children = 62%
Non-Disabled Adults = 22%
Disabled Adults = 10%
Elderly = 6%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Dorchester County 1QSFY12**

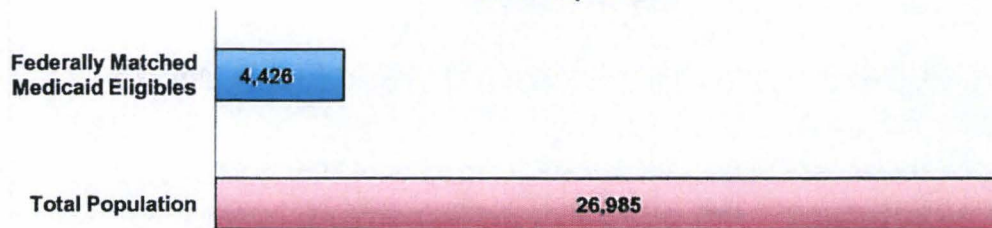
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	28	\$12,675.19
ALLERGY AND IMMUNOLOGY	1	0	0	#N/A
AMBULATORY SURGERY	1	1	9	\$3,341.95
AUDIOLOGY	3	2	6	\$893.70
CHIROPRACTIC	20	2	3	\$85.27
DENTISTRY	26	15	251	\$35,423.40
DERMATOLOGY	1	1	53	\$3,352.33
DEVELOPMENTAL REHABILITATION	2	2	133	\$17,782.45
DIABETES EDUCATOR	5	0	0	#N/A
EMERGENCY MEDICINE	5	3	131	\$8,756.41
ENDOCRINOLOGY AND METAB.	1	1	10	\$2,111.39
FAMILY PRACTICE	42	27	970	\$75,252.43
GENERAL PRACTICE	4	2	19	\$1,387.91
INTERNAL MEDICINE	13	6	140	\$12,055.97
LICENSED PROFESSIONAL COUNSEL	1	0	0	#N/A
MENTAL RETARDATION	1	1	197	\$101,850.00
MIDWIFE	1	0	0	#N/A
NEPHROLOGY/ESRD	2	2	11	\$13,902.95
NEUROLOGY	1	0	0	#N/A
NURSE PRAC & PHYSICIAN ASSIST	27	2	9	\$395.25
OBSTETRICS AND GYNECOLOGY	10	8	266	\$58,614.61
OCCUPATIONAL THERAPIST	9	3	19	\$16,072.99
OPHTHALMOLOGY	4	1	4	\$179.27
OPTICIAN	1	0	0	#N/A
OPTOMETRY	9	7	105	\$10,793.02
OTORHINOLARYNGOLOGY	3	2	20	\$2,077.45
PEDIATRIC SUB-SPECIALIST	1	0	0	#N/A
PEDIATRICS	10	6	375	\$43,936.82
PEDODONTICS	1	1	71	\$9,749.11
PHYS/OCCUP THERAPIST	15	3	9	\$4,648.55
PODIATRY	1	1	12	\$947.92
PSYCHIATRY	1	0	0	#N/A
RADIOLOGY	1	1	53	\$1,016.44
RADIOLOGY, DIAGNOSTIC	1	0	0	#N/A
RHEUMATOLOGY	1	1	6	\$392.42
SC DEPT OF HEALTH & ENVIRO CTL	1	1	741	\$60,144.43
SC DEPT OF MENTAL HEALTH	1	1	13	\$1,547.90
SPEECH THERAPIST	18	8	71	\$63,172.62
SURGERY, GENERAL	2	1	3	\$840.52
SURGERY, ORAL (DENTAL ONLY)	4	3	31	\$10,490.06
SURGERY, UROLOGICAL	1	0	0	#N/A
THERAPIST/MULTI SPECIALTY GRP	5	0	0	#N/A
OTHER PROVIDER SPECIALTIES	271	115	3,286	\$9,319,448.35

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid

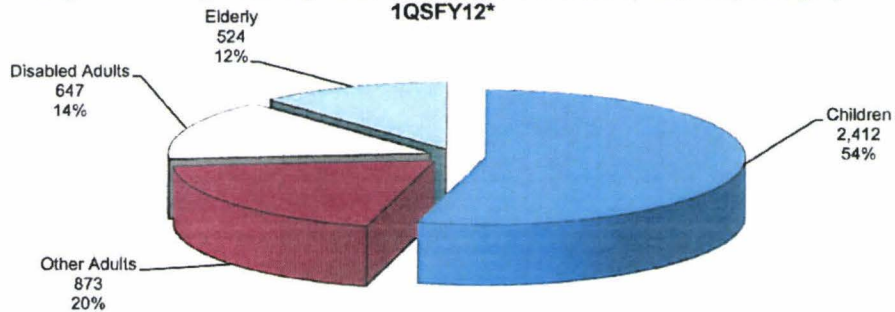
Edgefield County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Excludes Refugees/Entrants because this group is not a Medicaid Program.
Total Population reflects 2010 US Census Data

Federally Matched Medicaid Eligibles represent 16.4% of the Total Population

Edgefield County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



*Excludes Refugees/Entrants because this group is not a Medicaid Program

Edgefield County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 20%
Disabled Adults = 14%
Elderly = 12%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Edgefield County 1QSFY12**

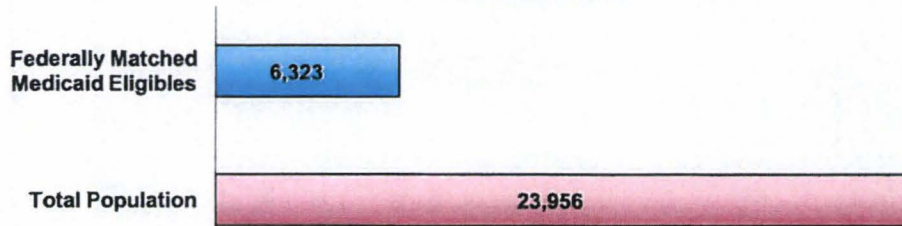
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CLTC	1	1	31	\$9,770.17
DENTISTRY	6	2	37	\$6,211.07
DEVELOPMENTAL REHABILITATION	1	1	71	\$27,108.55
EMERGENCY MEDICINE	2	0	0	#N/A
FAMILY PRACTICE	8	5	38	\$1,390.69
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	2	1	1	\$5.94
NURSE PRAC & PHYSICIAN ASSIST	2	0	0	#N/A
OPTOMETRY	3	1	109	\$7,449.31
PHYS/OCCUP THERAPIST	1	1	24	\$13,663.91
PVT MENTAL HEALTH	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	3	3	102	\$8,680.01
SC DEPT OF HEALTH & ENVIRO CTL	1	1	105	\$7,087.18
SC DEPT OF MENTAL HEALTH	1	1	1	\$8,039.38
SPEECH THERAPIST	2	1	1	\$110.04
OTHER PROVIDER SPECIALTIES	44	22	678	\$1,633,873.65

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid

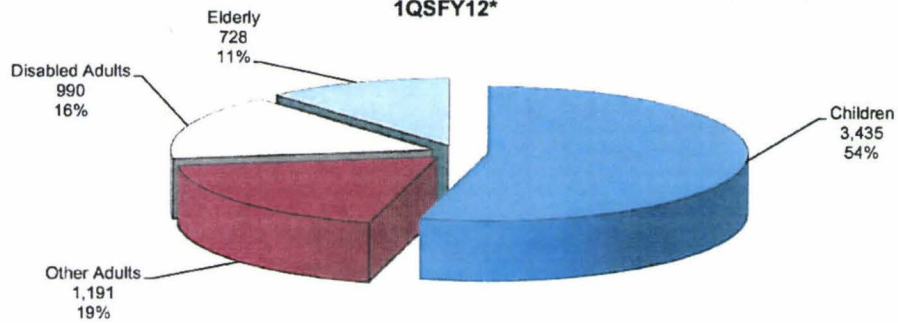
Fairfield County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Excludes efugees/Entrants because this group is not a Medicaid Program.
Total Population reflects 2010 US Census Data

Federally Matched Medicaid Eligibles represent 26.4% of the Total Population

Fairfield County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



*Excludes Refugees/Entrants because this group is not a Medicaid Program

Fairfield County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 19%
Disabled Adults = 16%
Elderly = 11%

1st Quarter SFY12 Paid

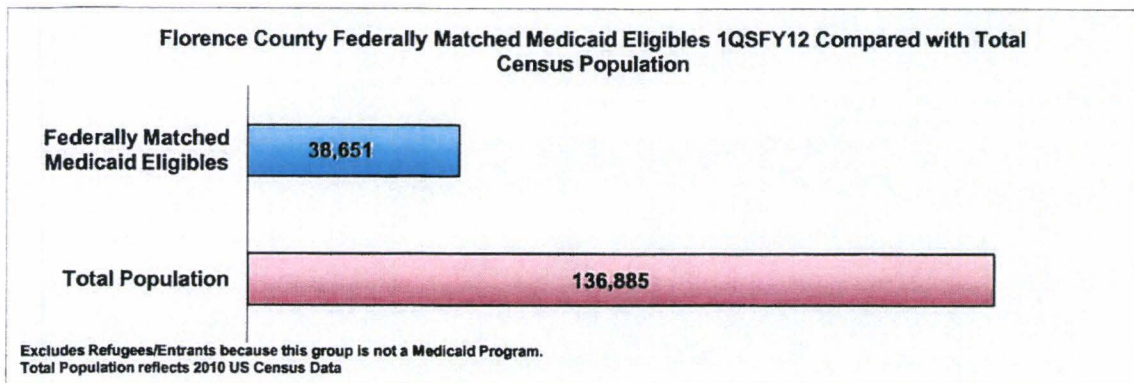
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Fairfield County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	10	\$2,340.32
CHIROPRACTIC	3	1	1	\$32.22
DENTISTRY	2	1	14	\$1,931.28
DEVELOPMENTAL REHABILITATION	1	1	24	\$10,828.92
EMERGENCY MEDICINE	1	1	46	\$2,145.43
FAM PLAN, MATER & CHILD HEALTH	1	1	100	\$21,328.48
FAMILY PRACTICE	8	5	201	\$7,264.47
MENTAL RETARDATION	1	1	60	\$36,800.00
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	1	\$8,373.81
NURSE PRAC & PHYSICIAN ASSIST	4	0	0	#N/A
OPTOMETRY	2	1	101	\$6,205.19
PEDIATRIC SUB-SPECIALIST	1	1	115	\$33,591.57
PEDIATRICS	1	1	15	\$2,226.51
PSYCHOLOGIST	1	0	0	#N/A
PVT MENTAL HEALTH	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	2	2	814	\$65,103.07
SC DEPT OF HEALTH & ENVIRO CTL	1	1	120	\$5,273.59
SC DEPT OF MENTAL HEALTH	1	1	1	\$315.45
SPEECH THERAPIST	2	2	5	\$4,522.99
SURGERY, GENERAL	2	1	3	\$1,194.89
OTHER PROVIDER SPECIALTIES	51	28	987	\$2,533,039.42

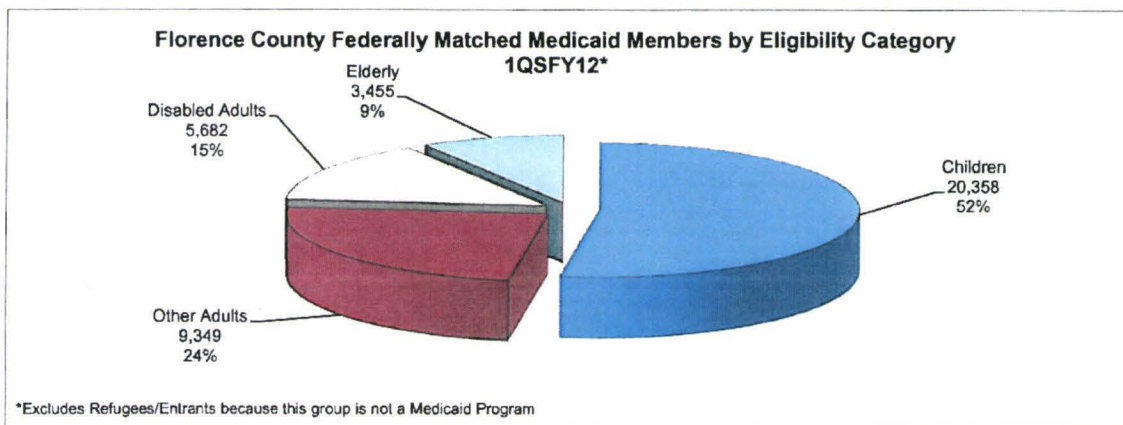
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 28.2% of the Total Population



Florence County Federally Matched Medicaid Members

Children = 52%
Non-Disabled Adults = 24%
Disabled Adults = 15%
Elderly = 9%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Florence County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	80	\$93,556.87
ALLERGY AND IMMUNOLOGY	4	4	206	\$50,794.05
AMBULATORY SURGERY	2	2	4	\$1,979.26
ANESTHESIOLOGY	26	22	1,108	\$79,698.92
AUDIOLOGY	3	3	62	\$6,070.04
CARDIOVASCULAR DISEASES	20	14	1,025	\$59,930.08
CHIROPRACTIC	28	10	16	\$1,141.92
CLTC	1	0	0	#N/A
DENTISTRY	52	27	707	\$96,068.09
DERMATOLOGY	7	5	17	\$2,284.39
DEVELOPMENTAL REHABILITATION	7	6	712	\$244,946.95
DIABETES EDUCATOR	3	2	12	\$588.13
EMERGENCY MEDICINE	37	29	1,841	\$99,842.03
ENDOCRINOLOGY AND METAB.	4	3	44	\$3,658.24
FAM PLAN, MATER & CHILD HEALTH	1	1	10	\$1,117.77
FAMILY PRACTICE	106	63	2,309	\$141,808.65
FED QUAL HEALTH CLINIC (FQHC)	2	2	285	\$48,197.48
GASTROENTEROLOGY	6	5	97	\$11,407.19
GENERAL PRACTICE	2	1	1	\$2.09
GYNECOLOGY	1	0	0	#N/A
INFECTIOUS DISEASES	5	4	59	\$10,125.34
INTERNAL MEDICINE	67	44	1,114	\$90,030.07
LICENSED INDEPT SOCIAL WORKER	5	2	15	\$79,189.42
LICENSED PROFESSIONAL COUNSEL	14	7	59	\$20,046.33
MENTAL RETARDATION	1	1	320	\$151,320.00
MULTIPLE SPECIALTY GROUP	12	1	1	\$0.00
NEONATOLOGY	2	0	0	#N/A
NEPHROLOGY/ESRD	16	11	287	\$150,748.95
NEUROLOGY	13	7	438	\$62,782.81
NURSE ANESTHETIST	114	76	754	\$30,495.40
NURSE PRAC & PHYSICIAN ASSIST	58	17	199	\$9,422.18
OBSTETRICS AND GYNECOLOGY	35	22	1,010	\$224,993.56
OCCUPATIONAL MEDICINE	1	0	0	#N/A
OCCUPATIONAL THERAPIST	17	5	40	\$16,095.55
ONCOLOGY	6	5	159	\$23,561.39
OPHTHALMOLOGY	11	7	374	\$27,866.92
OPTICIAN	2	1	41	\$820.00
OPTOMETRY	18	11	292	\$26,639.01
OSTEOPATHY	1	1	31	\$5,328.03
OTORHINOLARYNGOLOGY	9	5	132	\$19,936.87
PATHOLOGY	9	6	251	\$7,691.68
PATHOLOGY, CLINICAL	2	2	115	\$2,628.58
PEDIATRIC SUB-SPECIALIST	11	11	513	\$218,321.92
PEDIATRICS	16	10	915	\$95,705.97
PEDODONTICS	4	2	183	\$44,353.03
PHYS/OCCUP THERAPIST	33	9	94	\$61,844.85
PHYSICAL MEDICINE & REHAB	9	6	179	\$67,886.47
PODIATRY	6	2	3	\$188.28
PSYCHIATRY	6	4	178	\$19,606.20
PSYCHOLOGIST	13	2	3	\$808.02
PULMONARY MEDICINE	12	8	207	\$20,727.07
PVT MENTAL HEALTH	1	0	0	#N/A

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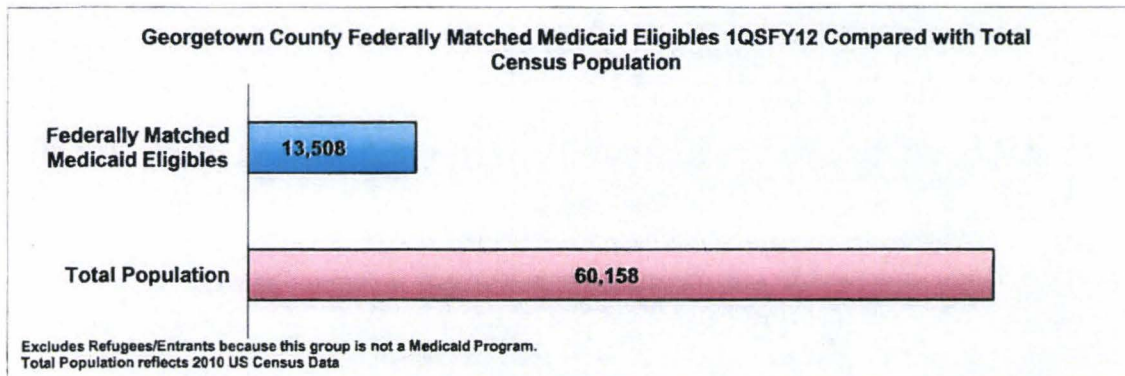
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Florence County 1QSFY12 (continued)**

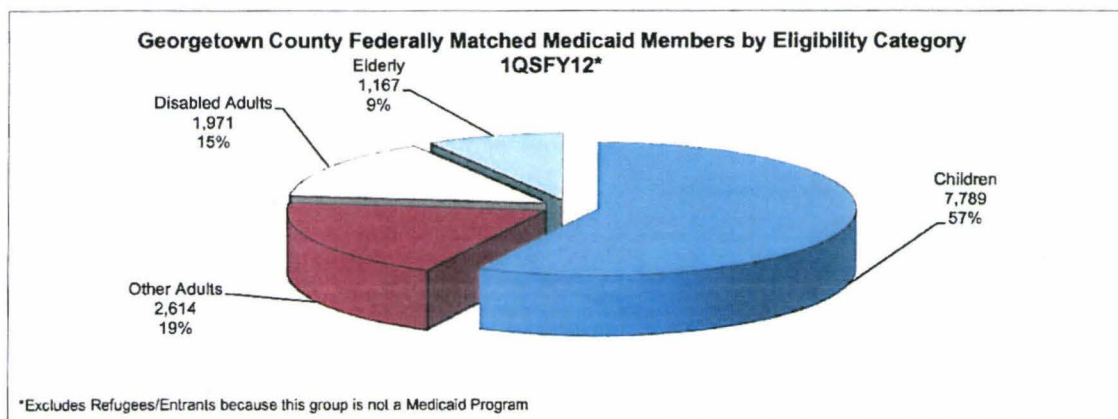
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
RADIOLOGY	10	10	2,027	\$54,260.60
RADIOLOGY, DIAGNOSTIC	14	10	1,865	\$52,724.09
RADIOLOGY, THERAPEUTIC	4	2	19	\$16,720.23
RHEUMATOLOGY	3	3	53	\$5,431.08
RURAL HEALTH CLINICS (RHC)	14	12	1,587	\$128,384.57
SC CONTINUUM OF CARE	2	2	192	\$301,088.84
SC DEPT OF HEALTH & ENVIRO CTL	1	1	1,332	\$80,287.44
SC DEPT OF MENTAL HEALTH	2	2	772	\$483,877.01
SPEECH THERAPIST	40	22	184	\$100,112.31
SURGERY, CARDIOVASCULAR	6	4	74	\$18,043.85
SURGERY, GENERAL	23	18	374	\$65,554.57
SURGERY, NEUROLOGICAL	5	4	58	\$18,679.63
SURGERY, ORAL (DENTAL ONLY)	10	6	204	\$87,234.85
SURGERY, ORTHOPEDIC	24	14	210	\$38,628.51
SURGERY, PLASTIC	2	1	10	\$6,964.09
SURGERY, THORACIC	2	1	4	\$2,889.58
SURGERY, UROLOGICAL	14	9	191	\$28,822.76
THERAPIST/MULTI SPECIALTY GRP	7	0	0	#N/A
OTHER PROVIDER SPECIALTIES	370	234	14,596	\$27,337,727.51

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Federally Matched Medicaid Eligibles represent 25.0% of the Total Population



Georgetown County Federally Matched Medicaid Members

Children = 57%
 Non-Disabled Adults = 19%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Georgetown County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	36	\$8,609.75
AMBULATORY SURGERY	2	2	11	\$4,196.30
ANESTHESIOLOGY	13	4	114	\$13,319.20
CARDIOVASCULAR DISEASES	6	5	164	\$9,844.38
CHIROPRACTIC	16	4	15	\$944.50
CLTC	1	1	57	\$22,984.58
DENTISTRY	35	14	222	\$43,068.37
DEVELOPMENTAL REHABILITATION	2	2	133	\$29,674.11
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	16	14	845	\$54,193.59
FAM PLAN, MATER & CHILD HEALTH	1	1	15	\$1,349.85
FAMILY PRACTICE	30	23	533	\$45,322.80
FED QUAL HEALTH CLINIC (FQHC)	1	1	31	\$3,306.65
GASTROENTEROLOGY	6	3	26	\$4,663.77
GENERAL PRACTICE	5	3	173	\$8,362.70
INTERNAL MEDICINE	29	23	397	\$91,059.02
LICENSED PROFESSIONAL COUNSEL	8	5	62	\$18,124.54
MENTAL RETARDATION	1	1	59	\$30,320.00
MIDWIFE	3	1	17	\$3,618.11
MULTIPLE SPECIALTY GROUP	4	0	0	#N/A
NEPHROLOGY/ESRD	7	5	28	\$41,873.23
NEUROLOGY	2	1	35	\$3,481.84
NURSE ANESTHETIST	26	13	118	\$10,178.55
NURSE PRAC & PHYSICIAN ASSIST	14	5	78	\$3,014.98
OBSTETRICS AND GYNECOLOGY	10	8	346	\$81,039.88
OCCUPATIONAL THERAPIST	5	3	20	\$9,199.37
ONCOLOGY	9	6	176	\$302,569.64
OPHTHALMOLOGY	6	3	28	\$1,907.34
OPTOMETRY	13	4	94	\$8,654.70
OSTEOPATHY	1	1	14	\$104.53
OTORHINOLARYNGOLOGY	2	2	26	\$4,315.74
PATHOLOGY	5	3	224	\$9,103.83
PEDIATRICS	10	6	419	\$41,335.32
PEDODONTICS	2	1	41	\$6,873.03
PHYS/OCCUP THERAPIST	8	4	55	\$24,783.80
PHYSICAL MEDICINE & REHAB	1	1	25	\$1,089.17
PODIATRY	4	0	0	#N/A
PSYCHOLOGIST	2	1	1	\$554.70
PULMONARY MEDICINE	2	2	51	\$4,825.40
PVT MENTAL HEALTH	1	1	17	\$17,167.61
RADIOLOGY	3	3	191	\$8,192.80
RADIOLOGY, DIAGNOSTIC	5	3	253	\$10,019.83
RADIOLOGY, THERAPEUTIC	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	4	4	1,125	\$104,741.44
SC DEPT OF HEALTH & ENVIRO CTL	1	1	336	\$25,384.17
SC DEPT OF MENTAL HEALTH	1	1	7	\$244.53
SPEECH THERAPIST	9	6	19	\$15,190.74
SURGERY, GENERAL	9	5	87	\$21,563.55
SURGERY, NEUROLOGICAL	1	0	0	#N/A
SURGERY, ORAL (DENTAL ONLY)	2	1	3	\$1,065.97
SURGERY, ORTHOPEDIC	8	6	43	\$9,447.96
SURGERY, UROLOGICAL	2	2	42	\$7,922.02

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1st Quarter SFY12 Paid

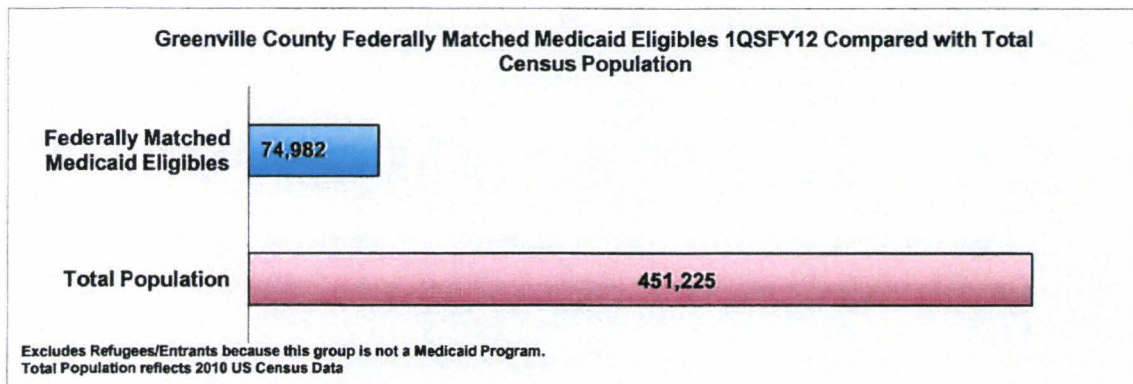
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Georgetown County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	172	102	3,420	\$5,904,079.69

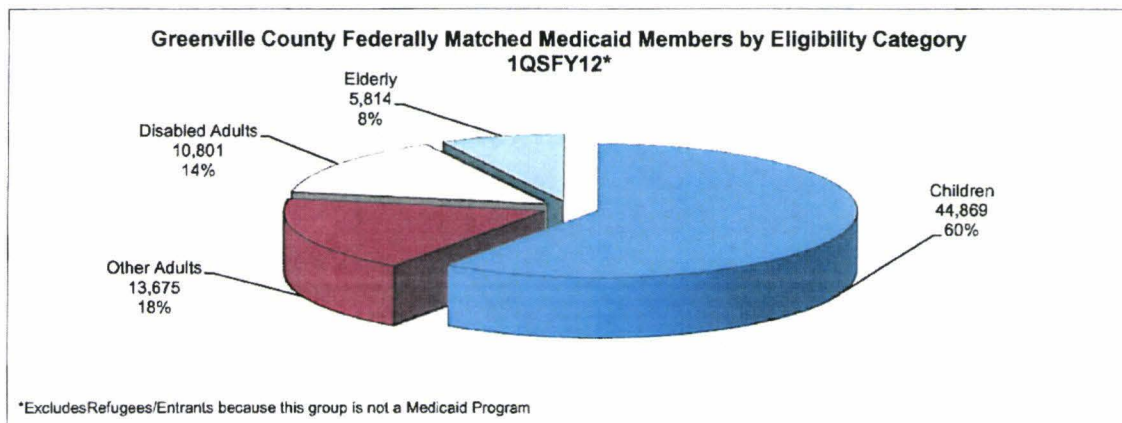
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 16.6% of the Total Population



Greenville County Federally Matched Medicaid Members

Children = 60%
 Non-Disabled Adults = 18%
 Disabled Adults = 14%
 Elderly = 8%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Greenville County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	121	\$205,709.33
ALLERGY AND IMMUNOLOGY	12	7	214	\$40,615.61
AMBULATORY SURGERY	8	6	88	\$25,492.93
ANESTHESIOLOGY	68	58	1,210	\$144,450.02
AUDIOLOGY	9	7	100	\$11,983.98
CARDIOVASCULAR DISEASES	54	45	1,330	\$86,368.34
CHIROPRACTIC	53	13	34	\$2,089.93
DENTAL - ENDODONTIST	1	1	1	\$48.87
DENTAL - PERIODONTIST	1	0	0	#N/A
DENTISTRY	100	53	1,938	\$384,945.32
DERMATOLOGY	21	10	369	\$50,494.15
DEVELOPMENTAL REHABILITATION	4	5	307	\$385,219.69
DIABETES EDUCATOR	2	0	0	#N/A
EMERGENCY MEDICINE	73	50	2,701	\$172,028.32
ENDOCRINOLOGY AND METAB.	11	9	89	\$25,521.31
FAM PLAN, MATER & CHILD HEALTH	3	3	333	\$79,680.25
FAMILY PRACTICE	215	138	3,764	\$250,639.54
FED QUAL HEALTH CLINIC (FQHC)	6	6	451	\$71,455.28
GASTROENTEROLOGY	26	21	355	\$34,654.90
GENERAL PRACTICE	13	6	97	\$8,236.04
GERIATRICS	3	2	11	\$670.53
GYNECOLOGY	4	4	100	\$24,852.05
HEMATOLOGY	4	1	38	\$20,324.53
HOSPITAL PATHOLOGY	6	4	197	\$9,328.77
INFECTIOUS DISEASES	6	6	119	\$11,610.72
INTERNAL MEDICINE	226	144	2,169	\$279,426.98
LICENSED INDEPT SOCIAL WORKER	6	1	3	\$346.90
LICENSED MARRIAGE & FAM THERA	1	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	17	11	106	\$37,560.02
MENTAL RETARDATION	1	1	519	\$271,667.50
MIDWIFE	9	5	184	\$14,065.35
MULTIPLE SPECIALTY GROUP	18	0	0	#N/A
NEONATOLOGY	4	0	0	#N/A
NEPHROLOGY/ESRD	31	23	214	\$139,508.90
NEUROLOGY	17	13	245	\$33,032.29
NURSE ANESTHETIST	214	163	1,182	\$121,202.91
NURSE PRAC & PHYSICIAN ASSIST	220	66	572	\$30,394.03
OBSTETRICS	2	2	176	\$28,024.00
OBSTETRICS AND GYNECOLOGY	99	71	1,861	\$585,457.10
OCCUPATIONAL THERAPIST	65	37	379	\$229,807.27
ONCOLOGY	14	9	150	\$49,524.59
OPHTHALMOLOGY	50	31	553	\$54,834.17
OPTICIAN	3	2	12	\$318.36
OPTOMETRY	52	29	344	\$32,171.91
OSTEOPATHY	1	1	20	\$2,438.94
OTORHINOLARYNGOLOGY	18	13	225	\$25,758.48
PATHOLOGY	9	7	336	\$17,078.64
PATHOLOGY, CLINICAL	1	1	5	\$1,265.74
PEDIATRIC SUB-SPECIALIST	48	46	1,674	\$846,016.62
PEDIATRICS	138	105	3,517	\$434,536.91
PEDIATRICS, ALLERGY	1	1	124	\$8,807.88
PEDIATRICS, CARDIOLOGY	2	1	73	\$13,110.53

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1st Quarter SFY12 Paid

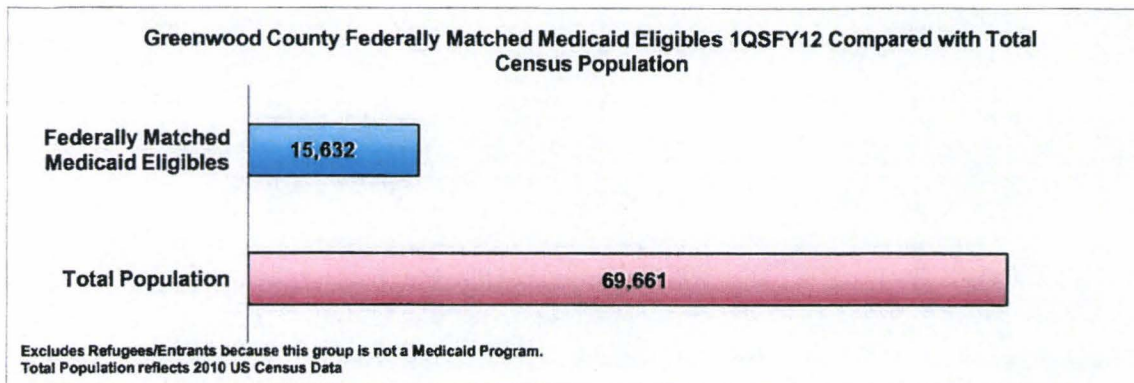
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Greenville County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PEDODONTICS	15	6	642	\$103,415.16
PHYS/OCCUP THERAPIST	165	45	231	\$116,055.25
PHYSICAL MEDICINE & REHAB	19	14	255	\$53,356.22
PODIATRY	16	5	18	\$1,101.39
PSYCHIATRY	39	21	471	\$37,884.13
PSYCHIATRY, CHILD	6	2	26	\$1,691.38
PSYCHOLOGIST	16	1	1	\$10.79
PULMONARY MEDICINE	26	24	306	\$63,672.66
PVT MENTAL HEALTH	12	8	653	\$690,510.35
RADIOLOGY	19	15	1,399	\$97,329.00
RADIOLOGY, DIAGNOSTIC	50	33	2,643	\$77,769.27
RADIOLOGY, THERAPEUTIC	2	2	38	\$21,668.93
RHEUMATOLOGY	7	3	34	\$8,310.78
SC CONTINUUM OF CARE	1	1	61	\$80,569.06
SC DEPT OF HEALTH & ENVIRO CTL	1	1	968	\$72,367.42
SC DEPT OF MENTAL HEALTH	3	3	1,408	\$1,391,982.76
SOCIAL WORKER	3	2	5	\$414.86
SPEECH THERAPIST	91	59	422	\$260,779.82
SURGERY, CARDIOVASCULAR	11	5	42	\$15,481.96
SURGERY, COLON AND RECTAL	7	5	24	\$4,902.16
SURGERY, GENERAL	51	40	393	\$89,184.57
SURGERY, NEUROLOGICAL	6	6	118	\$36,882.73
SURGERY, ORAL (DENTAL ONLY)	16	10	110	\$60,063.48
SURGERY, ORTHOPEDIC	71	45	426	\$82,272.30
SURGERY, PEDIATRIC	2	1	57	\$16,421.33
SURGERY, PLASTIC	12	7	39	\$14,039.06
SURGERY, THORACIC	5	5	38	\$19,917.71
SURGERY, UROLOGICAL	27	13	118	\$10,195.53
THERAPIST/MULTI SPECIALTY GRP	21	0	0	#N/A
OTHER PROVIDER SPECIALTIES	948	487	21,077	\$42,730,335.37

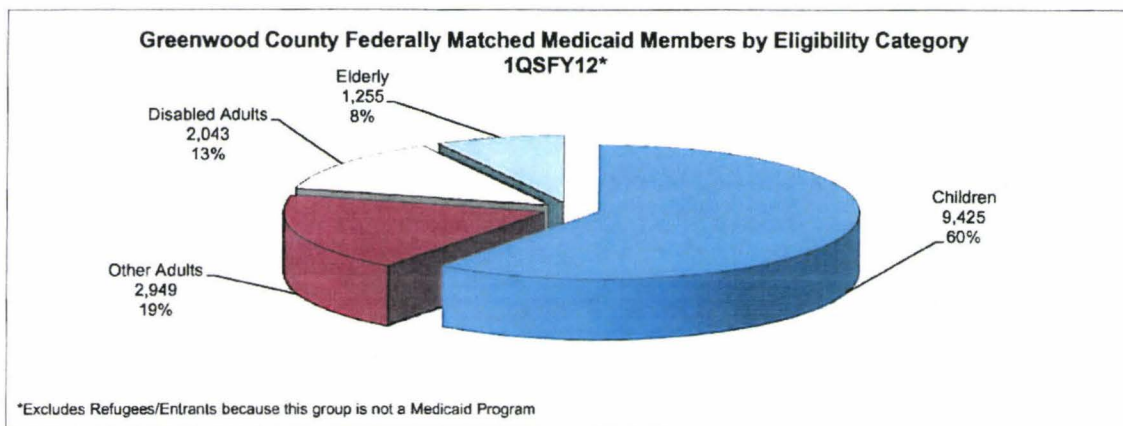
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 22.4% of the Total Population



Greenwood County Federally Matched Medicaid Members

Children = 60%
 Non-Disabled Adults = 19%
 Disabled Adults = 13%
 Elderly = 8%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Greenwood County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	18	\$2,819.38
ALLERGY AND IMMUNOLOGY	1	1	36	\$5,621.56
AMBULATORY SURGERY	2	2	63	\$29,862.93
ANESTHESIOLOGY	12	10	306	\$34,232.60
AUDIOLOGY	1	0	0	#N/A
CARDIOVASCULAR DISEASES	10	8	275	\$17,992.35
CHIROPRACTIC	7	3	5	\$367.46
CLTC	2	1	93	\$34,405.98
DENTISTRY	21	14	171	\$29,900.82
DERMATOLOGY	5	2	14	\$1,103.43
DEVELOPMENTAL REHABILITATION	3	3	137	\$8,277.51
EMERGENCY MEDICINE	21	15	701	\$35,165.00
FAMILY PRACTICE	103	52	1,399	\$124,163.73
FED QUAL HEALTH CLINIC (FQHC)	4	4	779	\$131,860.62
GASTROENTEROLOGY	5	4	116	\$19,006.07
GENERAL PRACTICE	1	0	0	#N/A
GERIATRICS	1	0	0	#N/A
GYNECOLOGY	1	0	0	#N/A
HEMATOLOGY	1	1	18	\$1,981.68
INTERNAL MEDICINE	23	18	517	\$31,625.46
LICENSED INDEPT SOCIAL WORKER	2	2	22	\$3,903.93
LICENSED PROFESSIONAL COUNSEL	1	1	3	\$501.32
MENTAL RETARDATION	1	1	268	\$142,105.00
MULTIPLE SPECIALTY GROUP	5	0	0	#N/A
NEONATOLOGY	3	2	41	\$76,469.19
NEPHROLOGY/ESRD	4	2	58	\$21,760.29
NEUROLOGY	3	3	90	\$9,544.71
NURSE ANESTHETIST	23	13	171	\$13,907.58
NURSE PRAC & PHYSICIAN ASSIST	36	12	119	\$5,002.62
OBSTETRICS AND GYNCOLOGY	18	13	599	\$139,024.40
OCCUPATIONAL THERAPIST	2	0	0	#N/A
ONCOLOGY	2	1	26	\$2,951.65
OPHTHALMOLOGY	9	6	143	\$10,128.91
OPTOMETRY	6	1	30	\$1,973.26
OTORHINOLARYNGOLOGY	5	4	152	\$20,988.22
PATHOLOGY	4	3	103	\$3,603.67
PATHOLOGY, CLINICAL	2	1	53	\$2,175.10
PEDIATRIC SUB-SPECIALIST	2	2	17	\$2,421.80
PEDIATRICS	15	11	350	\$34,764.51
PEDODONTICS	3	2	122	\$17,757.91
PHYS/OCCUP THERAPIST	6	1	3	\$154.98
PHYSICAL MEDICINE & REHAB	4	2	28	\$835.30
PODIATRY	5	1	2	\$146.43
PSYCHIATRY	6	3	44	\$4,466.30
PSYCHOLOGIST	5	0	0	#N/A
RADIOLOGY	4	4	566	\$15,903.14
RADIOLOGY, DIAGNOSTIC	6	4	490	\$9,489.43
RHEUMATOLOGY	1	1	16	\$15,469.89
SC CONTINUUM OF CARE	1	1	44	\$33,459.78
SC DEPT OF HEALTH & ENVIRO CTL	1	1	421	\$33,708.97
SC DEPT OF MENTAL HEALTH	2	1	576	\$351,906.98

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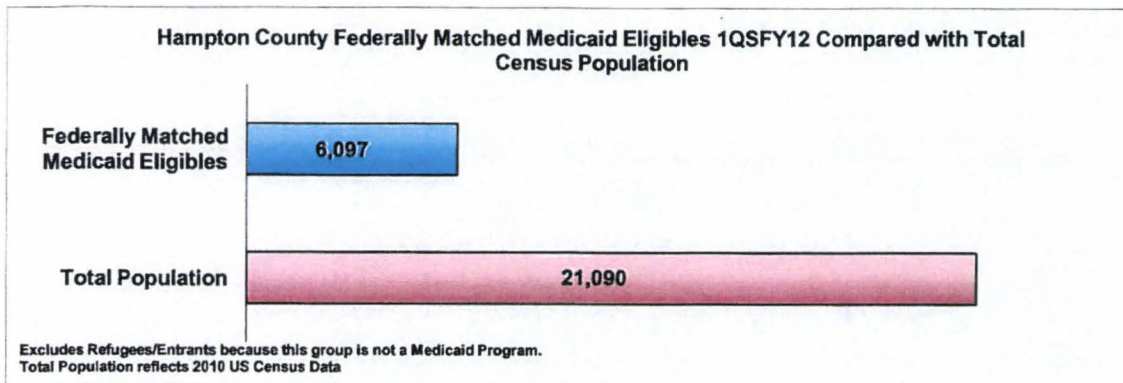
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Greenwood County 1QSFY12 (continued)**

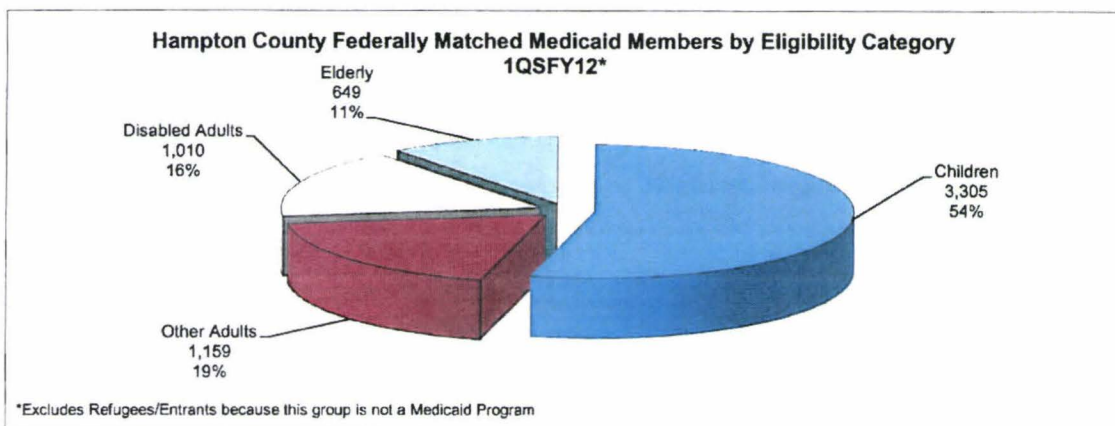
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SPEECH THERAPIST	3	2	8	\$4,031.44
SURGERY, CARDIOVASCULAR	2	1	2	\$2,304.85
SURGERY, GENERAL	14	11	211	\$30,694.87
SURGERY, NEUROLOGICAL	4	3	20	\$7,354.82
SURGERY, ORAL (DENTAL ONLY)	3	2	11	\$2,455.37
SURGERY, ORTHOPEDIC	9	6	88	\$15,355.13
SURGERY, PLASTIC	2	0	0	#N/A
SURGERY, THORACIC	4	2	20	\$10,113.13
SURGERY, UROLOGICAL	5	3	42	\$3,551.22
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	195	84	6,774	\$9,332,072.37

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Federally Matched Medicaid Eligibles represent 28.9% of the Total Population



Hampton County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 19%
Disabled Adults = 16%
Elderly = 11%

1st Quarter SFY12 Paid

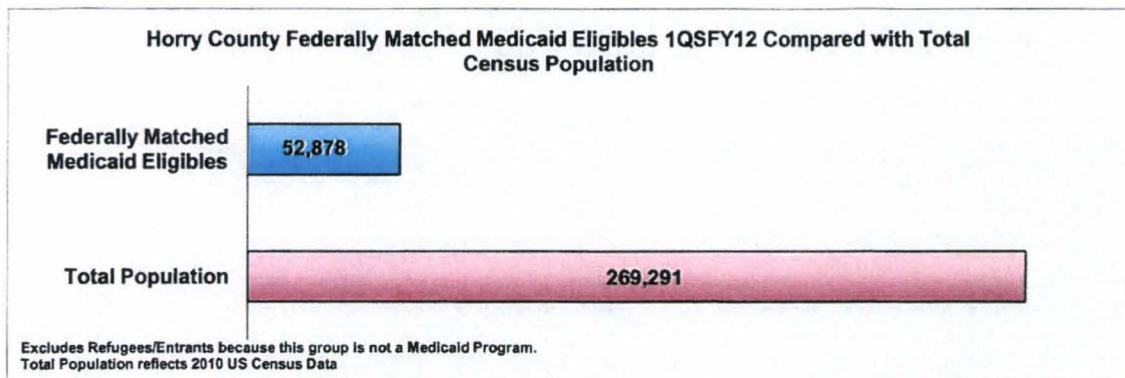
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Hampton County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	4	\$674.70
ANESTHESIOLOGY	1	0	0	#N/A
CARDIOVASCULAR DISEASES	3	1	34	\$934.22
CHIROPRACTIC	2	0	0	#N/A
CLTC	1	1	9	\$2,667.75
DENTISTRY	5	2	56	\$6,253.55
DEVELOPMENTAL REHABILITATION	2	2	37	\$10,647.08
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	4	2	34	\$7,105.66
FAMILY PRACTICE	9	4	196	\$8,185.54
INTERNAL MEDICINE	2	2	21	\$2,977.78
MENTAL RETARDATION	1	1	41	\$17,952.50
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	1	1	18	\$59,888.29
NURSE ANESTHETIST	16	2	7	\$532.82
NURSE PRAC & PHYSICIAN ASSIST	3	1	12	\$909.99
OBSTETRICS AND GYNECOLOGY	1	0	0	#N/A
OCCUPATIONAL THERAPIST	2	1	5	\$3,076.36
OPTOMETRY	4	2	77	\$3,756.18
OTORHINOLARYNGOLOGY	1	0	0	#N/A
PEDIATRICS	1	1	31	\$2,814.46
PHYS/OCCUP THERAPIST	3	0	0	#N/A
RADIOLOGY	1	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	3	2	100	\$1,997.12
RURAL HEALTH CLINICS (RHC)	1	1	276	\$27,679.18
SC DEPT OF HEALTH & ENVIRO CTL	1	1	144	\$10,189.28
SC DEPT OF MENTAL HEALTH	1	1	6	\$947.30
SPEECH THERAPIST	4	2	3	\$6,012.21
SURGERY, GENERAL	5	3	48	\$4,084.71
SURGERY, ORTHOPEDIC	2	1	18	\$3,077.49
OTHER PROVIDER SPECIALTIES	52	28	1,001	\$1,477,777.81

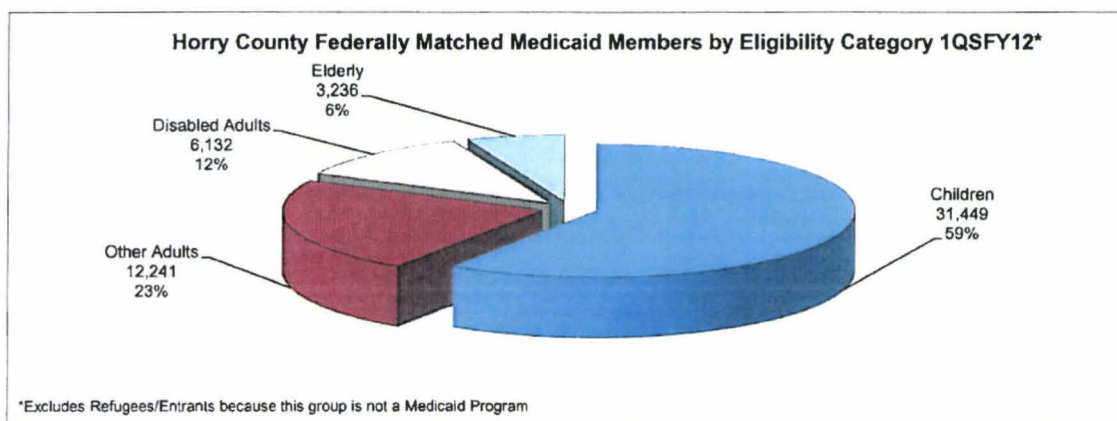
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 19.6% of the Total Population



Horry County Federally Matched Medicaid Members

Children = 59%
 Non-Disabled Adults = 23%
 Disabled Adults = 12%
 Elderly = 6%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Horry County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	78	\$18,459.24
ALLERGY AND IMMUNOLOGY	3	1	19	\$2,838.80
AMBULATORY SURGERY	6	5	41	\$14,551.96
ANESTHESIOLOGY	37	22	528	\$45,903.81
AUDIOLOGY	5	2	18	\$977.70
CARDIOVASCULAR DISEASES	17	12	269	\$19,718.57
CHIROPRACTIC	60	14	38	\$2,335.45
CLTC	1	1	78	\$31,656.60
DENTAL - ENDODONTIST	4	0	0	#N/A
DENTISTRY	67	34	665	\$105,071.82
DERMATOLOGY	12	6	56	\$4,161.01
DEVELOPMENTAL REHABILITATION	3	2	506	\$131,309.07
DIABETES EDUCATOR	3	2	2	\$32.18
EMERGENCY MEDICINE	54	42	2,171	\$150,164.41
ENDOCRINOLOGY AND METAB.	4	3	40	\$19,061.24
FAMILY PRACTICE	102	57	1,447	\$105,220.08
FED QUAL HEALTH CLINIC (FQHC)	5	5	1,264	\$154,812.18
GASTROENTEROLOGY	8	8	82	\$10,449.70
GENERAL PRACTICE	9	5	61	\$4,167.69
GERIATRICS	3	0	0	#N/A
GYNECOLOGY	1	0	0	#N/A
INFECTIOUS DISEASES	2	1	15	\$3,389.97
INTERNAL MEDICINE	95	66	898	\$99,328.49
LICENSED INDEPT SOCIAL WORKER	3	2	32	\$7,412.26
LICENSED MARRIAGE & FAM THERA	1	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	18	8	26	\$8,255.92
MENTAL RETARDATION	1	1	278	\$133,860.00
MIDWIFE	2	0	0	#N/A
MULTIPLE SPECIALTY GROUP	13	0	0	#N/A
NEPHROLOGY/ESRD	11	7	66	\$26,799.53
NEUROLOGY	14	8	297	\$23,414.02
NURSE ANESTHETIST	89	57	462	\$33,748.32
NURSE PRAC & PHYSICIAN ASSIST	95	27	266	\$15,856.26
OBSTETRICS AND GYNECOLOGY	38	23	1,001	\$299,394.82
OCCUPATIONAL THERAPIST	17	6	44	\$25,779.77
ONCOLOGY	4	2	94	\$73,444.01
OPHTHALMOLOGY	16	10	116	\$13,961.10
OPTICIAN	2	0	0	#N/A
OPTOMETRY	39	24	453	\$42,384.15
ORTHODONTICS	1	0	0	#N/A
OSTEOPATHY	1	0	0	#N/A
OTORHINOLARYNGOLOGY	8	6	146	\$22,821.32
PATHOLOGY	10	7	197	\$8,206.34
PATHOLOGY, CLINICAL	2	1	51	\$1,845.23
PEDIATRICS	34	27	1,281	\$172,670.52
PEODONTICS	3	2	152	\$23,303.12
PHYS/OCCUP THERAPIST	40	6	39	\$23,025.95
PHYSICAL MEDICINE & REHAB	9	6	91	\$11,114.40
PODIATRY	16	8	23	\$1,867.02
PSYCHIATRY	9	4	72	\$7,121.68
PSYCHIATRY, CHILD	3	2	21	\$2,772.40

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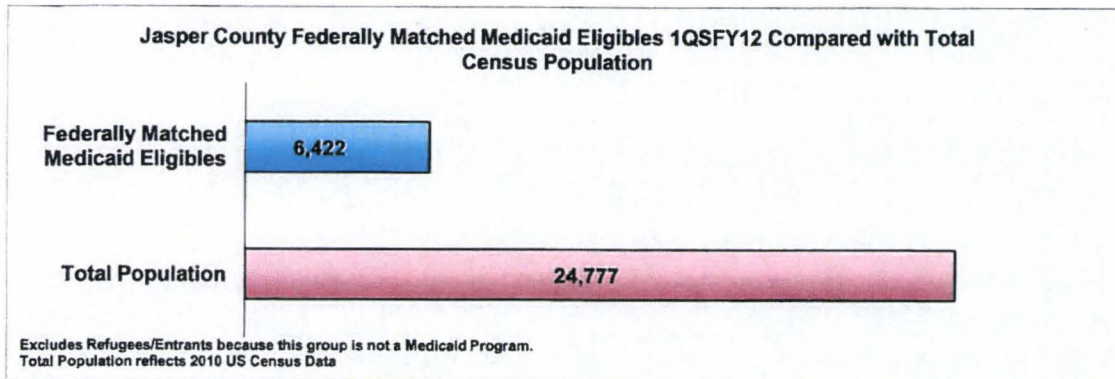
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Horry County 1QSFY12 (continued)**

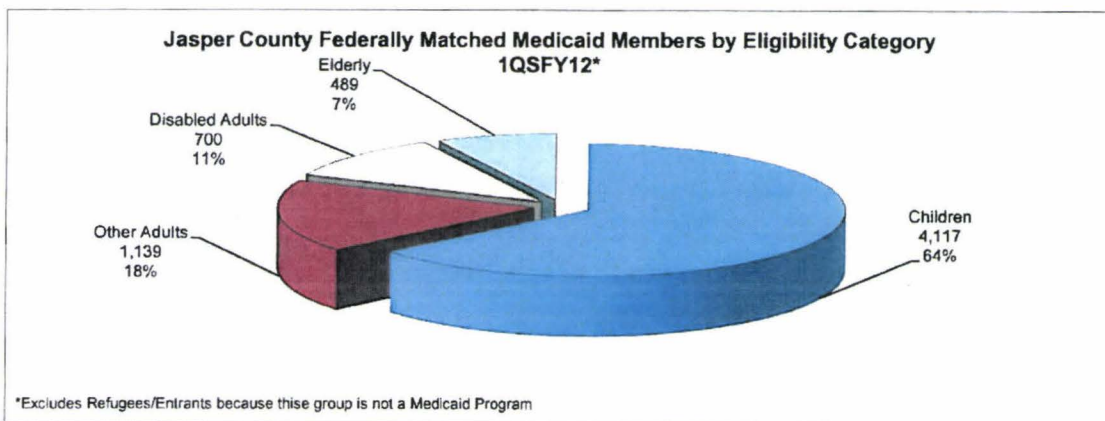
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PSYCHOLOGIST	3	1	18	\$10,748.13
PULMONARY MEDICINE	11	7	93	\$26,666.41
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY	4	5	526	\$7,997.56
RADIOLOGY, DIAGNOSTIC	17	12	1,271	\$25,093.39
RADIOLOGY, THERAPEUTIC	4	2	22	\$7,349.73
RHEUMATOLOGY	4	3	83	\$49,528.53
RURAL HEALTH CLINICS (RHC)	5	4	627	\$70,227.29
SC DEPT OF HEALTH & ENVIRO CTL	1	1	2,080	\$167,524.12
SC DEPT OF MENTAL HEALTH	2	2	783	\$345,979.02
SOCIAL WORKER	1	0	0	#N/A
SPEECH THERAPIST	41	21	94	\$67,482.57
SURGERY, CARDIOVASCULAR	3	1	1	\$28.58
SURGERY, GENERAL	26	15	255	\$49,066.16
SURGERY, NEUROLOGICAL	1	0	0	#N/A
SURGERY, ORAL (DENTAL ONLY)	6	5	46	\$20,096.25
SURGERY, ORTHOPEDIC	32	19	200	\$41,588.93
SURGERY, PLASTIC	6	2	7	\$406.04
SURGERY, THORACIC	1	1	1	\$8.03
SURGERY, UROLOGICAL	9	8	123	\$16,235.64
THERAPIST/MULTI SPECIALTY GRP	3	0	0	#N/A
OTHER PROVIDER SPECIALTIES	395	231	11,285	\$11,927,902.59

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Federally Matched Medicaid Eligibles represent 25.9% of the Total Population



Jasper County Federally Matched Medicaid Members

Children = 64%
 Non-Disabled Adults = 18%
 Disabled Adults = 11%
 Elderly = 7%

1st Quarter SFY12 Paid

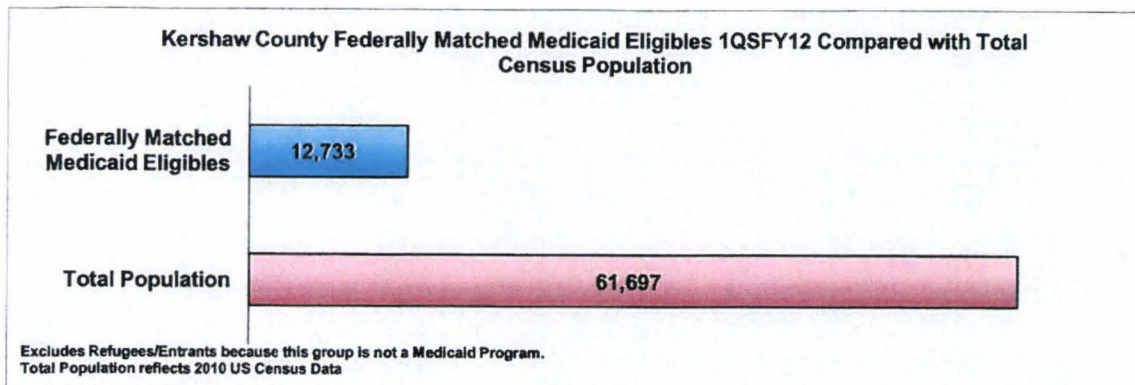
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Jasper County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CHIROPRACTIC	4	1	1	\$62.53
CLTC	1	1	19	\$6,009.53
DENTISTRY	8	5	132	\$27,479.88
DEVELOPMENTAL REHABILITATION	1	1	115	\$10,395.13
EMERGENCY MEDICINE	20	6	238	\$18,834.65
FAMILY PRACTICE	7	5	196	\$17,012.39
FED QUAL HEALTH CLINIC (FQHC)	1	1	1,068	\$160,136.80
GASTROENTEROLOGY	1	0	0	#N/A
GENERAL PRACTICE	2	1	3	\$274.41
HEMATOLOGY	1	1	1	\$39.41
INTERNAL MEDICINE	5	1	3	\$431.33
MENTAL RETARDATION	1	1	83	\$44,135.00
MULTIPLE SPECIALTY GROUP	2	0	0	#N/A
NEPHROLOGY/ESRD	3	2	7	\$27,104.88
NURSE PRAC & PHYSICIAN ASSIST	7	0	0	#N/A
OBSTETRICS AND GYNECOLOGY	1	0	0	#N/A
ONCOLOGY	1	0	0	#N/A
OPHTHALMOLOGY	2	1	9	\$704.80
OPTOMETRY	1	0	0	#N/A
OTORHINOLARYNGOLOGY	1	1	1	\$51.31
PATHOLOGY	1	1	11	\$561.95
PATHOLOGY, CLINICAL	2	1	25	\$2,026.00
PEDIATRICS	4	3	169	\$22,031.57
PHYS/OCCUP THERAPIST	1	0	0	#N/A
PHYSICAL MEDICINE & REHAB	1	0	0	#N/A
PODIATRY	1	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	3	2	152	\$15,505.59
SC DEPT OF HEALTH & ENVIRO CTL	1	1	115	\$7,023.92
SC DEPT OF MENTAL HEALTH	1	1	2	\$1,759.91
SPEECH THERAPIST	4	2	24	\$11,426.36
SURGERY, GENERAL	1	1	19	\$1,456.38
SURGERY, ORTHOPEDIC	1	0	0	#N/A
SURGERY, PLASTIC	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	63	36	1,313	\$1,831,246.11

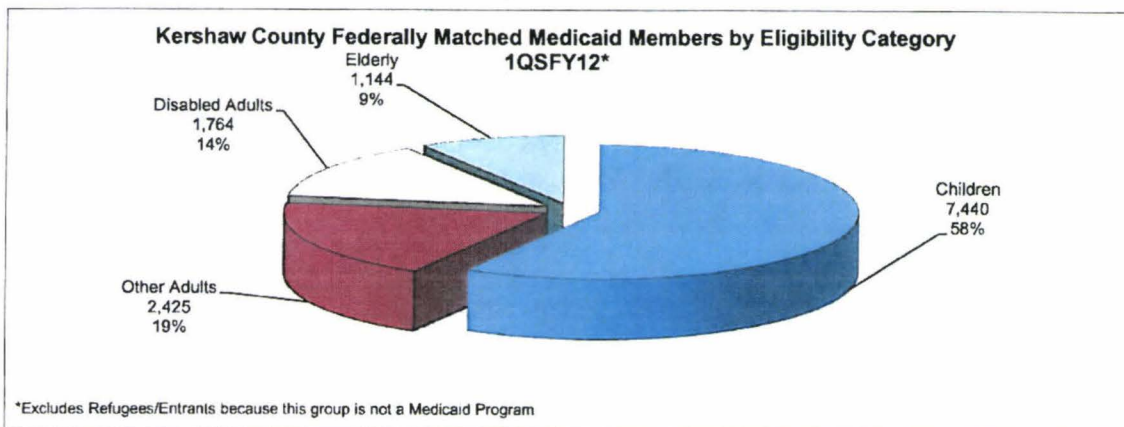
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 20.6% of the Total Population



Kershaw County Federally Matched Medicaid Members

Children = 58%
 Non-Disabled Adults = 19%
 Disabled Adults = 14%
 Elderly = 9%

1st Quarter SFY12 Paid

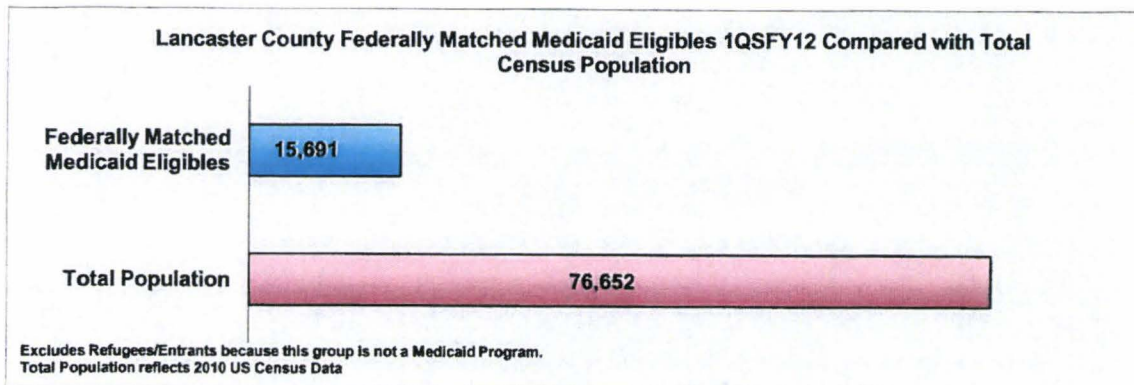
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Kershaw County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	14	\$2,959.30
ALLERGY AND IMMUNOLOGY	1	0	0	#N/A
ANESTHESIOLOGY	2	1	4	\$876.64
AUDIOLOGY	2	2	27	\$1,615.01
CARDIOVASCULAR DISEASES	3	2	130	\$5,470.58
CHIROPRACTIC	3	0	0	#N/A
DENTAL - PERIODONTIST	1	0	0	#N/A
DENTISTRY	21	12	352	\$44,665.63
DEVELOPMENTAL REHABILITATION	2	2	53	\$70,890.48
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	5	4	96	\$5,584.56
FAM PLAN, MATER & CHILD HEALTH	1	0	0	#N/A
FAMILY PRACTICE	24	15	535	\$32,501.11
FED QUAL HEALTH CLINIC (FQHC)	1	1	184	\$20,033.49
GASTROENTEROLOGY	1	1	45	\$5,283.12
GENERAL PRACTICE	4	2	209	\$10,512.80
INTERNAL MEDICINE	18	13	494	\$29,578.06
MENTAL RETARDATION	1	1	117	\$56,017.50
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	2	1	2	\$568.97
NURSE ANESTHETIST	13	7	58	\$1,999.47
NURSE PRAC & PHYSICIAN ASSIST	19	3	7	\$352.01
OBSTETRICS AND GYNCOLOGY	6	5	135	\$28,876.83
OCCUPATIONAL THERAPIST	4	2	9	\$5,377.98
OPHTHALMOLOGY	3	1	8	\$474.37
OPTICIAN	2	0	0	#N/A
OPTOMETRY	5	2	26	\$1,588.36
OSTEOPATHY	1	1	2	\$551.96
OTORHINOLARYNGOLOGY	5	3	128	\$27,687.48
PATHOLOGY	1	0	0	#N/A
PEDIATRIC SUB-SPECIALIST	1	1	48	\$5,805.90
PEDIATRICS	10	5	163	\$21,419.81
PHYS/OCCUP THERAPIST	1	0	0	#N/A
PODIATRY	3	1	1	\$45.83
PSYCHIATRY	2	1	53	\$5,297.71
PSYCHOLOGIST	1	0	0	#N/A
PULMONARY MEDICINE	2	1	62	\$4,362.09
RADIOLOGY, DIAGNOSTIC	3	2	182	\$6,820.04
RURAL HEALTH CLINICS (RHC)	1	1	33	\$1,412.03
SC DEPT OF HEALTH & ENVIRO CTL	1	1	343	\$21,777.11
SC DEPT OF MENTAL HEALTH	1	1	1	\$35.05
SPEECH THERAPIST	7	4	9	\$7,306.57
SURGERY, GENERAL	4	3	59	\$7,873.27
SURGERY, ORTHOPEDIC	6	4	43	\$9,322.71
SURGERY, UROLOGICAL	1	1	30	\$1,566.15
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	142	56	2,204	\$3,458,142.98

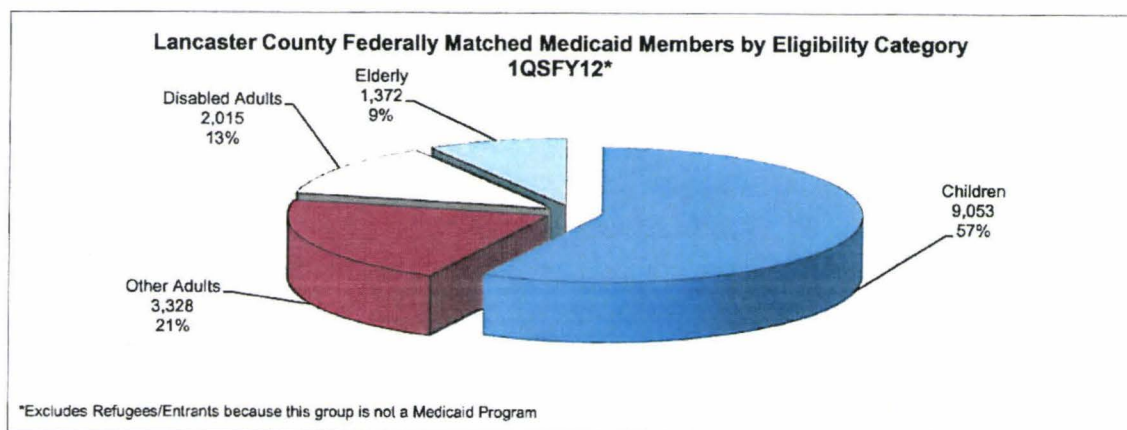
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 20.5% of the Total Population



Lancaster County Federally Matched Medicaid Members

Children = 57%
 Non-Disabled Adults = 21%
 Disabled Adults = 13%
 Elderly = 9%

1st Quarter SFY12 Paid

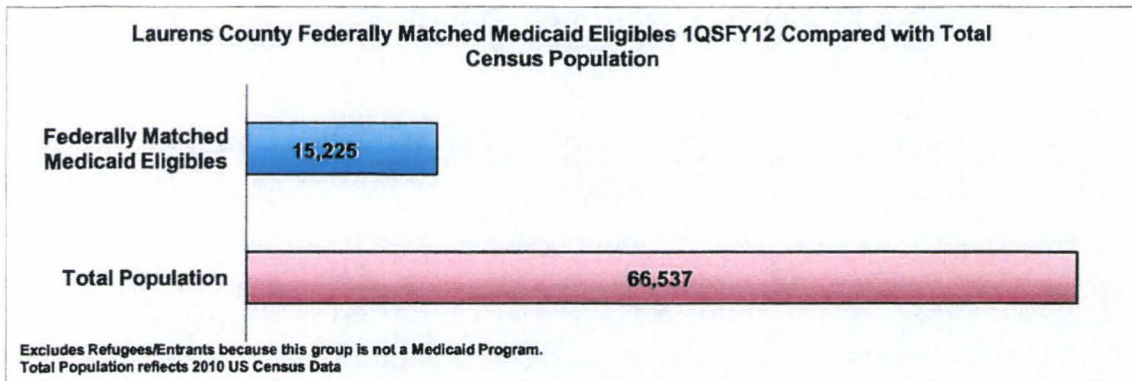
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Lancaster County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	19	\$4,763.27
ANESTHESIOLOGY	6	4	92	\$9,942.45
CARDIOVASCULAR DISEASES	7	4	79	\$11,723.08
CHIROPRACTIC	7	4	16	\$1,268.89
CLTC	1	1	67	\$22,575.20
DENTISTRY	20	15	230	\$37,081.47
DEVELOPMENTAL REHABILITATION	1	1	102	\$7,527.14
DIABETES EDUCATOR	2	1	12	\$353.99
EMERGENCY MEDICINE	15	6	456	\$18,877.02
ENDOCRINOLOGY AND METAB.	1	0	0	#N/A
FAM PLAN, MATER & CHILD HEALTH	1	1	11	\$1,333.38
FAMILY PRACTICE	23	15	236	\$12,319.95
GASTROENTEROLOGY	6	3	56	\$7,392.35
GENERAL PRACTICE	2	1	8	\$319.13
INFECTIOUS DISEASES	2	1	10	\$2,993.31
INTERNAL MEDICINE	27	14	327	\$34,769.88
LICENSED INDEPT SOCIAL WORKER	2	2	9	\$4,210.32
MENTAL RETARDATION	1	1	156	\$96,475.00
MIDWIFE	2	2	8	\$3,768.55
MULTIPLE SPECIALTY GROUP	2	0	0	#N/A
NEPHROLOGY/ESRD	1	1	2	\$2,110.75
NURSE ANESTHETIST	13	6	78	\$2,619.49
NURSE PRAC & PHYSICIAN ASSIST	15	5	39	\$2,866.43
OBSTETRICS AND GYNECOLOGY	9	4	456	\$92,447.67
OPHTHALMOLOGY	7	5	173	\$11,841.84
OPTICIAN	2	1	9	\$238.77
OPTOMETRY	4	3	88	\$7,450.24
PATHOLOGY	1	1	1	\$61.40
PEDIATRICS	13	8	724	\$110,998.04
PHYS/OCCUP THERAPIST	5	3	26	\$5,345.61
PHYSICAL MEDICINE & REHAB	2	1	26	\$2,950.25
PODIATRY	2	1	2	\$299.41
PSYCHOLOGIST	1	1	5	\$1,718.17
PULMONARY MEDICINE	5	2	52	\$6,338.26
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY	2	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	3	2	266	\$4,308.05
RADIOLOGY, THERAPEUTIC	1	0	0	#N/A
RHEUMATOLOGY	2	2	14	\$4,607.91
RURAL HEALTH CLINICS (RHC)	3	3	379	\$14,508.68
SC DEPT OF HEALTH & ENVIRO CTL	1	1	272	\$14,817.33
SC DEPT OF MENTAL HEALTH	1	1	6	\$6,182.48
SPEECH THERAPIST	5	2	7	\$7,650.74
SURGERY, GENERAL	6	3	50	\$8,711.59
SURGERY, ORTHOPEDIC	4	3	54	\$11,597.34
SURGERY, UROLOGICAL	2	2	26	\$4,920.86
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	225	82	2,530	\$4,452,854.19

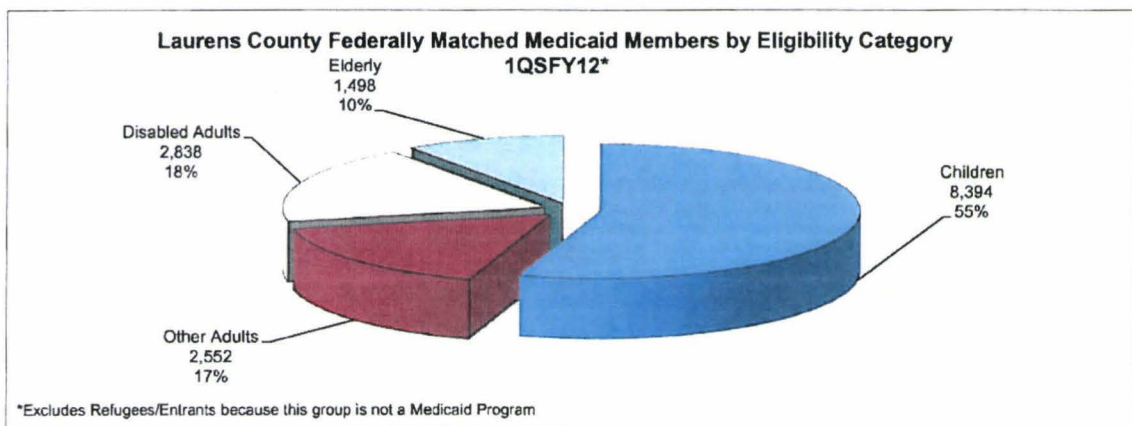
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 22.9% of the Total Population



Laurens County Federally Matched Medicaid Members

Children = 55%
 Non-Disabled Adults = 17%
 Disabled Adults = 18%
 Elderly = 10%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Laurens County 1QSFY12**

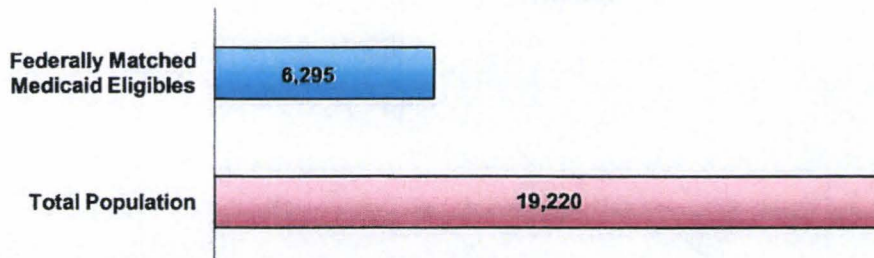
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	13	\$1,455.63
AMBULATORY SURGERY	1	1	2	\$1,248.84
ANESTHESIOLOGY	2	1	79	\$3,558.97
CHIROPRACTIC	3	2	2	\$74.31
CLTC	1	1	81	\$57,508.28
DENTISTRY	16	12	192	\$25,981.38
DEVELOPMENTAL REHABILITATION	2	2	124	\$21,249.32
DIABETES EDUCATOR	1	1	3	\$154.28
EMERGENCY MEDICINE	3	3	224	\$16,160.86
FAMILY PRACTICE	22	14	380	\$25,227.18
FED QUAL HEALTH CLINIC (FQHC)	1	1	61	\$4,656.61
GENERAL PRACTICE	1	1	68	\$3,954.81
INTERNAL MEDICINE	7	3	86	\$2,567.34
MENTAL RETARDATION	1	1	168	\$80,995.00
MIDWIFE	1	1	13	\$9,640.37
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	3	2	34	\$43,282.61
NURSE ANESTHETIST	7	7	72	\$5,374.63
NURSE PRAC & PHYSICIAN ASSIST	11	2	18	\$870.70
OBSTETRICS AND GYNCOLOGY	6	4	221	\$55,362.41
OCCUPATIONAL THERAPIST	9	2	17	\$6,464.67
OPHTHALMOLOGY	3	2	81	\$5,682.64
OPTOMETRY	6	5	239	\$24,705.53
PEDIATRICS	5	5	212	\$25,537.21
PHYS/OCCUP THERAPIST	6	2	8	\$2,781.76
PHYSICAL MEDICINE & REHAB	1	1	2	\$1,796.04
PSYCHOLOGIST	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	3	3	980	\$74,005.70
SC DEPT OF HEALTH & ENVIRO CTL	1	1	352	\$24,783.86
SC DEPT OF MENTAL HEALTH	1	1	3	\$701.00
SPEECH THERAPIST	12	3	11	\$7,676.88
SURGERY, GENERAL	5	3	23	\$2,022.31
SURGERY, ORTHOPEDIC	4	4	61	\$13,644.74
SURGERY, UROLOGICAL	1	1	5	\$272.94
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	125	69	2,753	\$11,033,003.88

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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1st Quarter SFY12 Paid

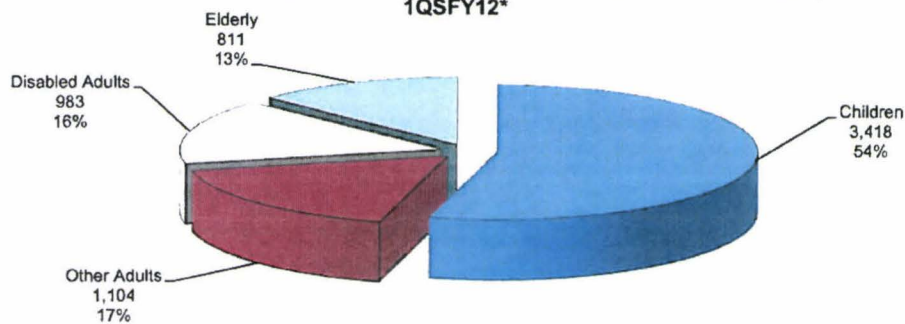
Lee County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Excludes Refugees/Entrants because this group is not a Medicaid Program.
Total Population reflects 2010 US Census Data

Federally Matched Medicaid Eligibles represent 32.8% of the Total Population

Lee County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



*Excludes Refugees/Entrants because this group is not a Medicaid Program

Lee County Federally Matched Medicaid Members

Children = 54%
Non-Disabled Adults = 17%
Disabled Adults = 16%
Elderly = 13%

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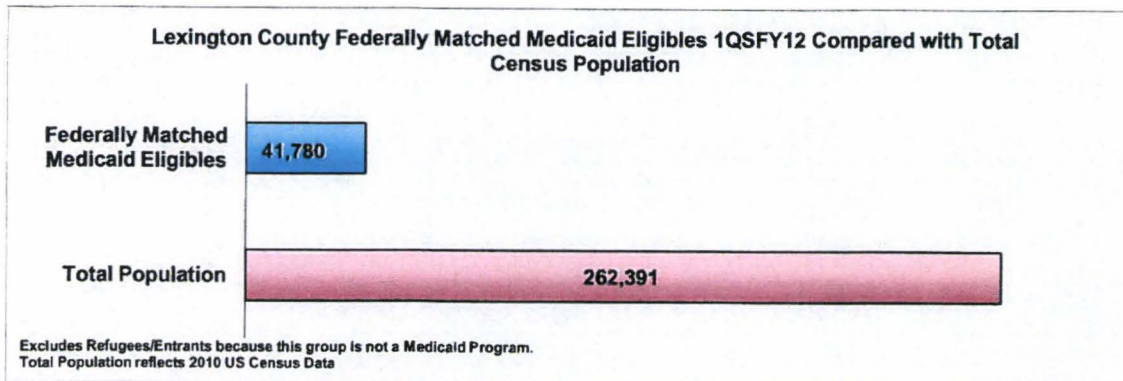
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Lee County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CHIROPRACTIC	1	0	0	#N/A
DENTISTRY	2	0	0	#N/A
DEVELOPMENTAL REHABILITATION	1	1	2	\$254.34
FAMILY PRACTICE	4	1	28	\$394.57
FED QUAL HEALTH CLINIC (FQHC)	1	1	317	\$53,124.39
GENERAL PRACTICE	1	1	1	\$46.25
INTERNAL MEDICINE	2	1	12	\$614.61
MENTAL RETARDATION	1	1	66	\$26,197.50
NEPHROLOGY/ESRD	1	1	22	\$16,562.73
NURSE PRAC & PHYSICIAN ASSIST	5	3	47	\$1,828.10
OPTOMETRY	1	0	0	#N/A
PULMONARY MEDICINE	1	1	17	\$1,568.64
RURAL HEALTH CLINICS (RHC)	1	1	63	\$10,237.18
SC DEPT OF HEALTH & ENVIRO CTL	1	1	193	\$9,684.79
SC DEPT OF MENTAL HEALTH	1	1	2	\$280.40
OTHER PROVIDER SPECIALTIES	114	42	787	\$1,666,280.88

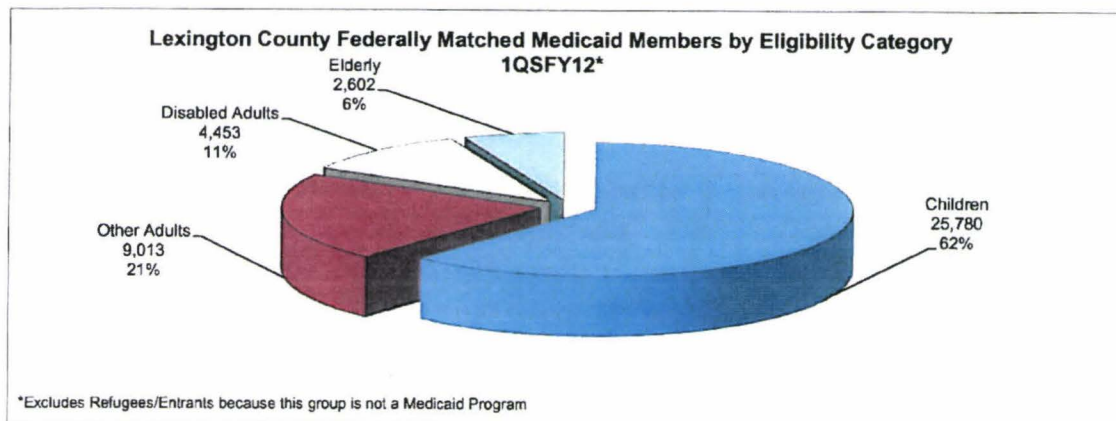
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 15.9% of the Total Population



Lexington County Federally Matched Medicaid Members

Children = 62%
 Non-Disabled Adults = 21%
 Disabled Adults = 11%
 Elderly = 6%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Lexington County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALLERGY AND IMMUNOLOGY	4	3	57	\$15,655.30
AMBULATORY SURGERY	6	6	79	\$20,121.85
ANESTHESIOLOGY	9	6	166	\$18,665.89
AUDIOLOGY	1	1	8	\$819.48
CARDIOVASCULAR DISEASES	11	7	248	\$16,137.64
CHIROPRACTIC	23	9	22	\$1,080.25
CLTC	1	1	101	\$242,863.20
DENTAL - ENDODONTIST	2	0	0	#N/A
DENTISTRY	52	28	745	\$116,960.79
DERMATOLOGY	4	2	9	\$875.31
DEVELOPMENTAL REHABILITATION	7	6	792	\$262,321.15
EMERGENCY MEDICINE	33	28	2,049	\$187,176.65
ENDOCRINOLOGY AND METAB.	2	1	9	\$898.45
FAM PLAN, MATER & CHILD HEALTH	1	0	0	#N/A
FAMILY PRACTICE	77	55	1,553	\$136,026.84
GASTROENTEROLOGY	12	10	131	\$23,514.15
GENERAL PRACTICE	8	4	153	\$8,687.67
GYNECOLOGY	3	3	55	\$11,473.75
HOSPITAL PATHOLOGY	2	1	70	\$2,304.62
INFECTIOUS DISEASES	5	3	21	\$3,446.02
INTERNAL MEDICINE	61	38	1,307	\$89,202.38
LICENSED INDEPT SOCIAL WORKER	3	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	4	4	10	\$3,036.02
MIDWIFE	11	3	39	\$11,314.72
MULTIPLE SPECIALTY GROUP	8	0	0	#N/A
NEPHROLOGY/ESRD	3	1	2	\$6,860.23
NEUROLOGY	3	1	40	\$2,976.75
NURSE ANESTHETIST	38	33	243	\$14,031.21
NURSE PRAC & PHYSICIAN ASSIST	69	18	256	\$16,713.19
OBSTETRICS AND GYNECOLOGY	28	15	681	\$176,848.37
OCCUPATIONAL THERAPIST	20	9	81	\$47,842.39
ONCOLOGY	8	6	197	\$245,532.45
OPHTHALMOLOGY	12	7	52	\$5,362.99
OPTOMETRY	22	9	150	\$13,753.34
ORTHODONTICS	1	0	0	#N/A
OSTEOPATHY	2	1	11	\$648.02
OTORHINOLARYNGOLOGY	1	1	13	\$1,456.02
PATHOLOGY	6	3	183	\$7,154.39
PATHOLOGY, CLINICAL	4	3	78	\$4,636.49
PEDIATRIC SUB-SPECIALIST	1	1	48	\$12,418.62
PEDIATRICS	29	15	909	\$113,915.72
PEDODONTICS	8	6	404	\$57,549.32
PHYS/OCCUP THERAPIST	22	10	79	\$56,868.14
PHYSICAL MEDICINE & REHAB	3	3	78	\$10,577.50
PODIATRY	2	1	2	\$152.68
PSYCHIATRY	13	8	78	\$9,622.06
PSYCHIATRY, CHILD	1	1	3	\$76.86
PSYCHOLOGIST	7	3	15	\$8,511.70
PULMONARY MEDICINE	5	1	6	\$1,211.78
PVT MENTAL HEALTH	5	3	110	\$281,709.32
RADIOLOGY	3	2	183	\$7,763.89

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

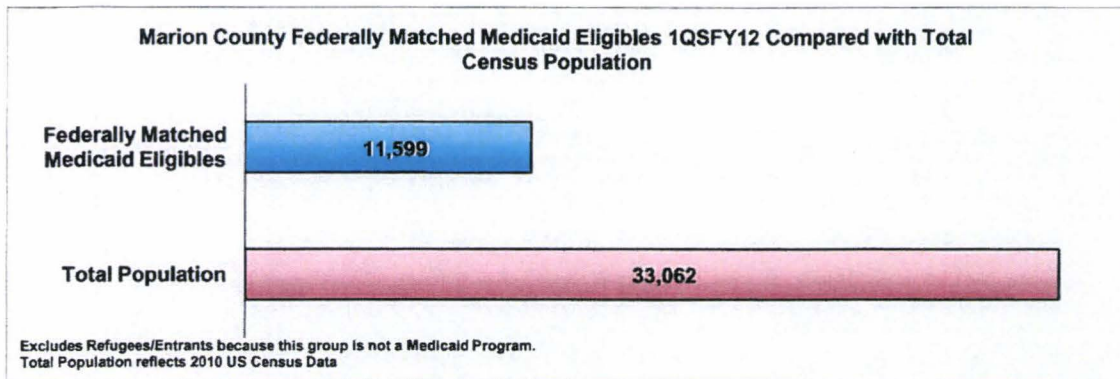
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Lexington County 1QSFY12 (continued)**

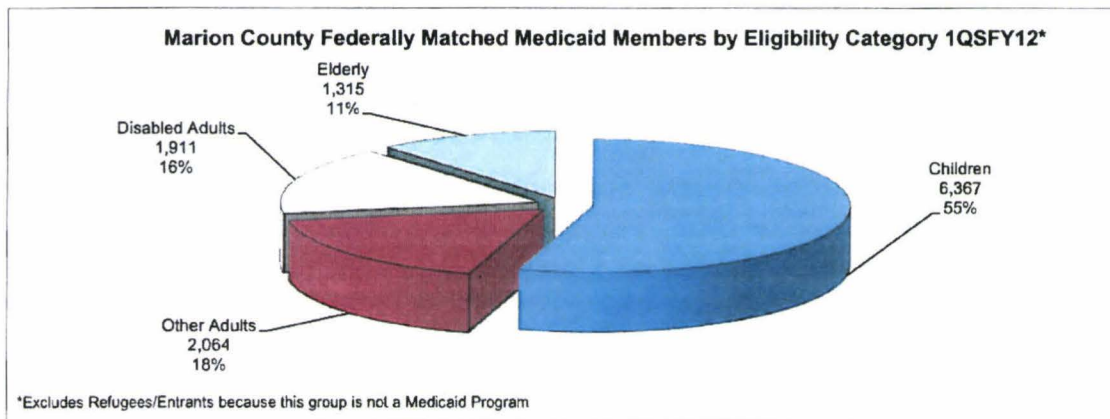
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
RADIOLOGY, DIAGNOSTIC	13	12	1,159	\$41,718.10
RADIOLOGY, THERAPEUTIC	1	1	20	\$48,251.99
RHEUMATOLOGY	2	1	22	\$7,367.27
RURAL HEALTH CLINICS (RHC)	2	2	731	\$55,682.99
SC DEPT OF HEALTH & ENVIRO CTL	1	1	472	\$31,074.70
SC DEPT OF MENTAL HEALTH	2	2	868	\$638,981.94
SPEECH THERAPIST	65	33	236	\$231,494.43
SURGERY, GENERAL	17	13	242	\$38,547.50
SURGERY, NEUROLOGICAL	4	3	16	\$6,485.37
SURGERY, ORAL (DENTAL ONLY)	8	5	90	\$44,012.18
SURGERY, ORTHOPEDIC	16	9	126	\$21,628.50
SURGERY, PLASTIC	1	0	0	#N/A
SURGERY, THORACIC	1	1	13	\$2,120.64
SURGERY, UROLOGICAL	8	6	102	\$15,481.47
THERAPIST/MULTI SPECIALTY GRP	9	0	0	#N/A
OTHER PROVIDER SPECIALTIES	427	257	13,469	\$17,039,369.34

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Federally Matched Medicaid Eligibles represent 35.1% of the Total Population



Marion County Federally Matched Medicaid Members

Children = 55%
 Non-Disabled Adults = 18%
 Disabled Adults = 16%
 Elderly = 11%

1st Quarter SFY12 Paid

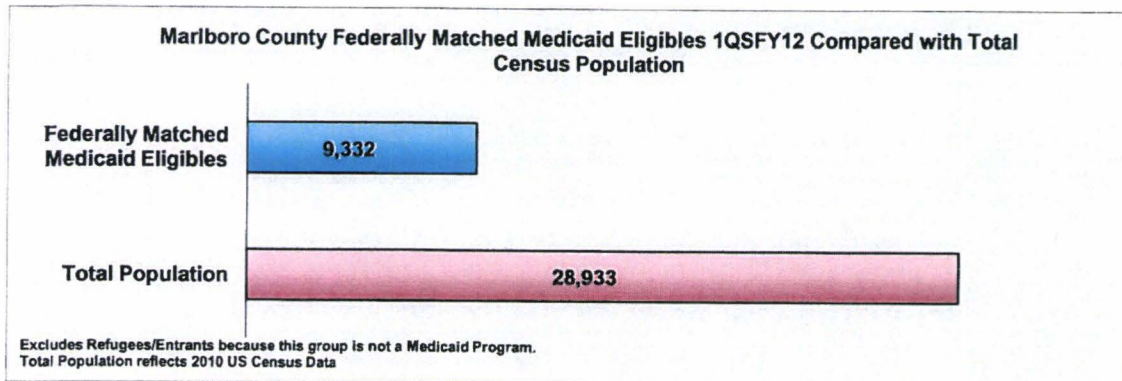
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Marion County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	19	\$5,587.82
ANESTHESIOLOGY	2	1	21	\$3,276.68
CARDIOVASCULAR DISEASES	2	2	49	\$2,210.99
CHIROPRACTIC	8	2	13	\$950.97
DENTISTRY	7	5	193	\$21,032.50
DEVELOPMENTAL REHABILITATION	3	3	121	\$16,396.75
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	12	8	280	\$19,842.65
FAMILY PRACTICE	10	6	178	\$18,272.39
GENERAL PRACTICE	1	0	0	#N/A
INTERNAL MEDICINE	12	9	352	\$8,198.60
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	1	1	44	\$22,362.48
NURSE ANESTHETIST	4	3	34	\$2,332.27
NURSE PRAC & PHYSICIAN ASSIST	19	6	67	\$2,478.87
OBSTETRICS AND GYNECOLOGY	6	4	247	\$59,798.99
OPHTHALMOLOGY	1	0	0	#N/A
OPTOMETRY	3	1	50	\$3,350.90
PEDIATRICS	5	4	163	\$13,011.33
PHYS/OCCUP THERAPIST	5	1	1	\$234.80
RADIOLOGY	3	2	559	\$7,648.64
RURAL HEALTH CLINICS (RHC)	7	7	1,945	\$174,566.23
SC DEPT OF HEALTH & ENVIRO CTL	1	1	192	\$8,195.79
SC DEPT OF MENTAL HEALTH	1	1	2	\$350.50
SPEECH THERAPIST	3	2	22	\$22,518.30
SURGERY, GENERAL	4	2	94	\$5,220.46
SURGERY, UROLOGICAL	2	2	205	\$22,729.68
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	109	58	2,685	\$3,487,086.11

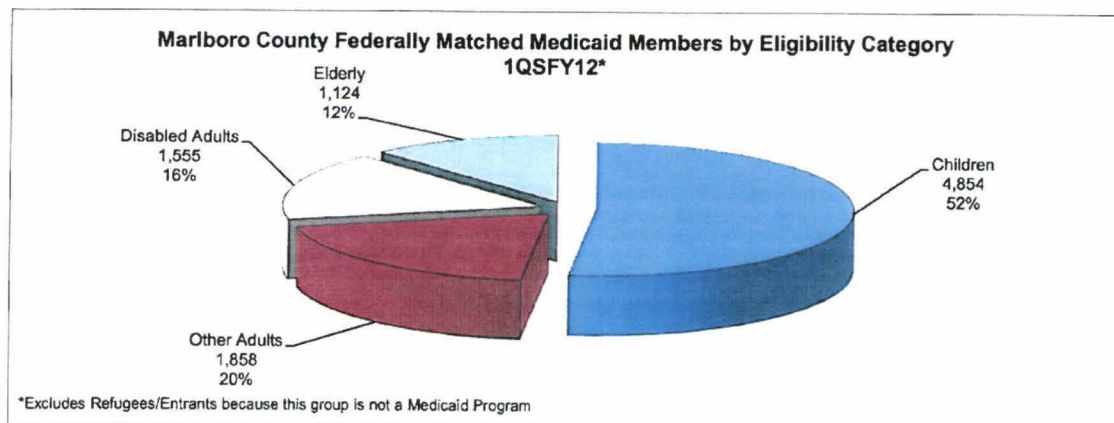
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Federally Matched Medicaid Eligibles represent 32.3% of the Total Population



Marlboro County Federally Matched Medicaid Members

Children = 52%
 Non-Disabled Adults = 20%
 Disabled Adults = 16%
 Elderly = 12%

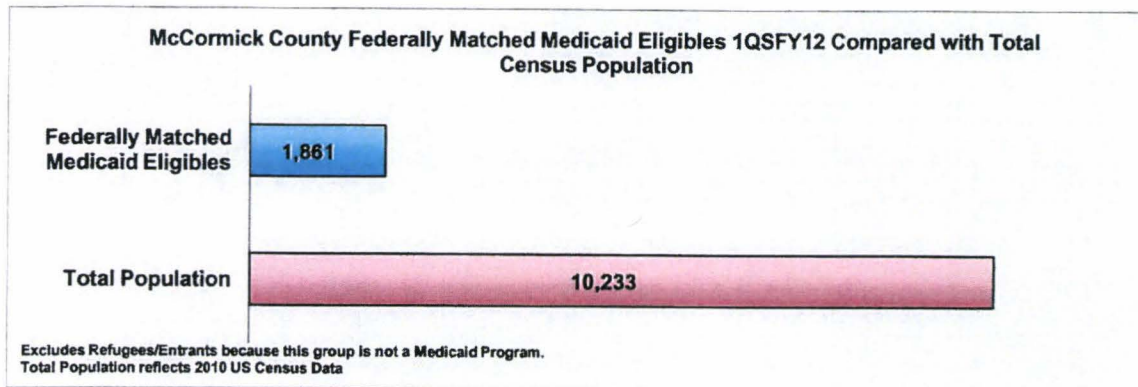
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Marlboro County 1QSFY12**

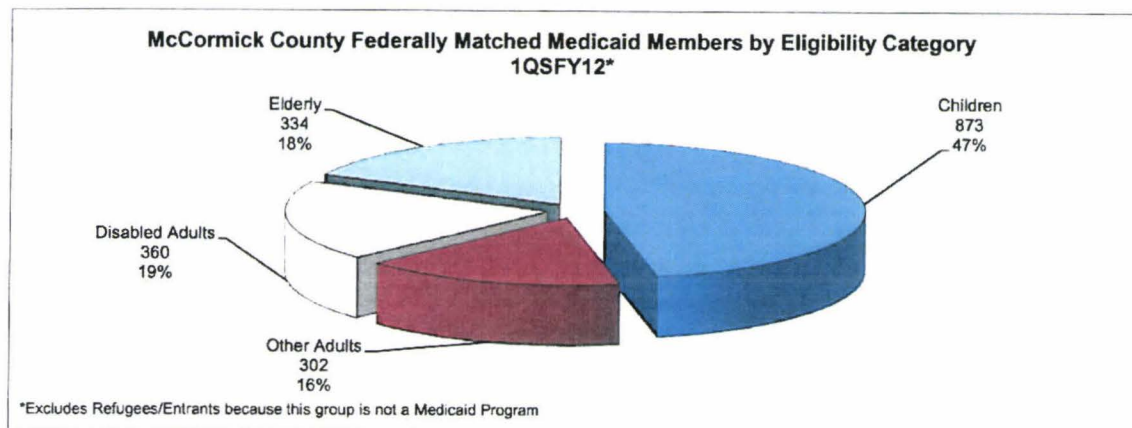
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	11	\$1,018.79
ANESTHESIOLOGY	1	1	10	\$1,553.36
CHIROPRACTIC	4	1	4	\$347.13
DENTISTRY	9	6	109	\$15,602.46
DEVELOPMENTAL REHABILITATION	1	0	0	#N/A
EMERGENCY MEDICINE	6	1	110	\$3,534.33
FAMILY PRACTICE	12	7	265	\$27,523.88
FED QUAL HEALTH CLINIC (FQHC)	2	2	491	\$71,544.81
GASTROENTEROLOGY	2	1	2	\$107.13
GENERAL PRACTICE	1	0	0	#N/A
INTERNAL MEDICINE	7	5	43	\$6,766.94
MENTAL RETARDATION	1	1	62	\$27,895.00
MIDWIFE	1	1	2	\$41.48
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	2	1	31	\$9,677.60
NURSE ANESTHETIST	3	2	30	\$1,356.71
NURSE PRAC & PHYSICIAN ASSIST	5	3	15	\$585.47
OBSTETRICS AND GYNECOLOGY	2	1	75	\$17,413.63
OPTOMETRY	6	3	83	\$5,411.03
PATHOLOGY	3	2	186	\$20,180.75
PEDIATRICS	4	3	67	\$5,910.63
PHYS/OCCUP THERAPIST	2	0	0	#N/A
PSYCHIATRY	1	0	0	#N/A
PSYCHIATRY, CHILD	1	1	6	\$104.84
PULMONARY MEDICINE	1	0	0	#N/A
RADIOLOGY, DIAGNOSTIC	24	5	27	\$522.44
RURAL HEALTH CLINICS (RHC)	2	2	363	\$20,216.28
SC DEPT OF HEALTH & ENVIRO CTL	1	1	291	\$16,269.43
SC DEPT OF MENTAL HEALTH	2	2	379	\$130,247.33
SURGERY, GENERAL	3	2	31	\$5,620.58
SURGERY, ORTHOPEDIC	3	2	12	\$895.79
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	42	27	1,647	\$2,116,281.90

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 18.2% of the Total Population



McCormick County Federally Matched Medicaid Members

Children = 47%
 Non-Disabled Adults = 16%
 Disabled Adults = 19%
 Elderly = 18%

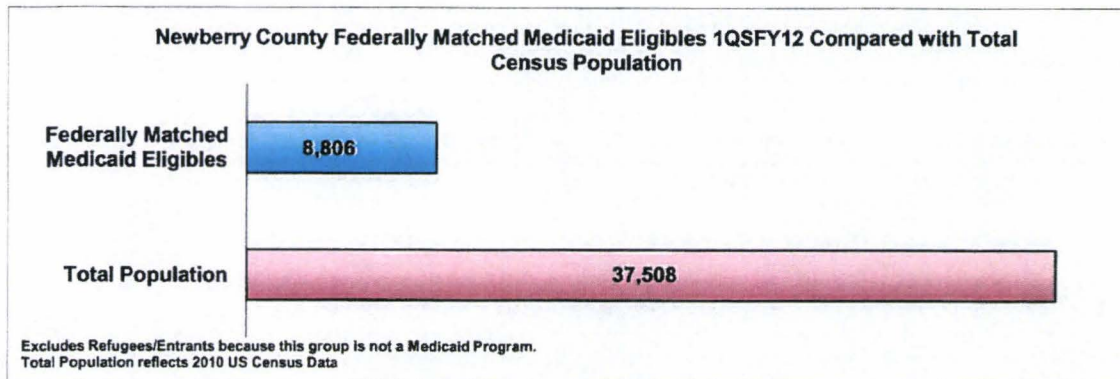
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**Federally Matched Medicaid Enrolled Providers by Provider Specialty
McCormick County SFY11**

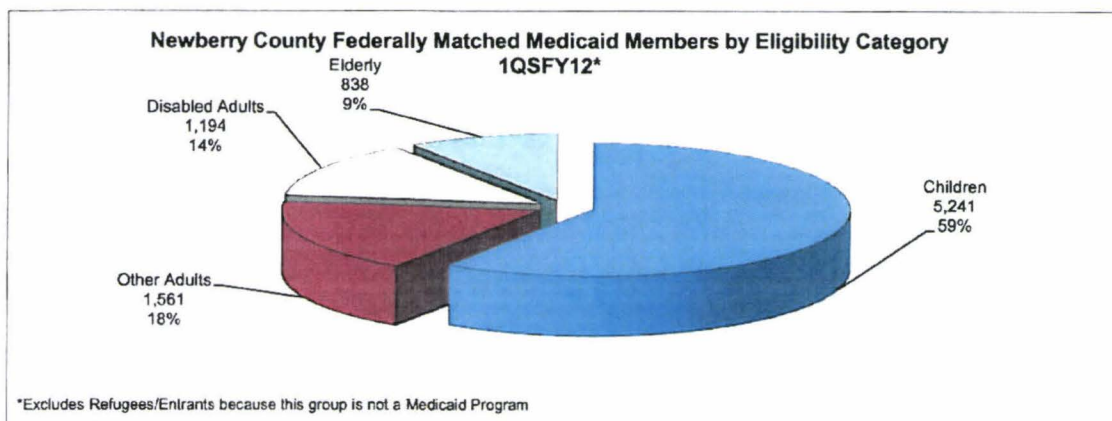
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
CLTC	1	1	26	\$10,467.25
DENTISTRY	2	2	38	\$8,243.75
DEVELOPMENTAL REHABILITATION	1	1	6	\$3,516.56
FAM PLAN, MATER & CHILD HEALTH	1	0	0	#N/A
FAMILY PRACTICE	4	1	22	\$1,269.01
FED QUAL HEALTH CLINIC (FQHC)	1	1	150	\$16,869.51
INTERNAL MEDICINE	2	0	0	#N/A
NURSE PRAC & PHYSICIAN ASSIST	1	0	0	#N/A
PSYCHOLOGIST	1	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	1	0	0	#N/A
SC DEPT OF HEALTH & ENVIRO CTL	1	1	67	\$6,229.86
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	42	12	272	\$1,401,265.93

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Federally Matched Medicaid Eligibles represent 23.5% of the Total Population



Newberry County Federally Matched Medicaid Members

Children = 59%
 Non-Disabled Adults = 18%
 Disabled Adults = 14%
 Elderly = 9%

1st Quarter SFY12

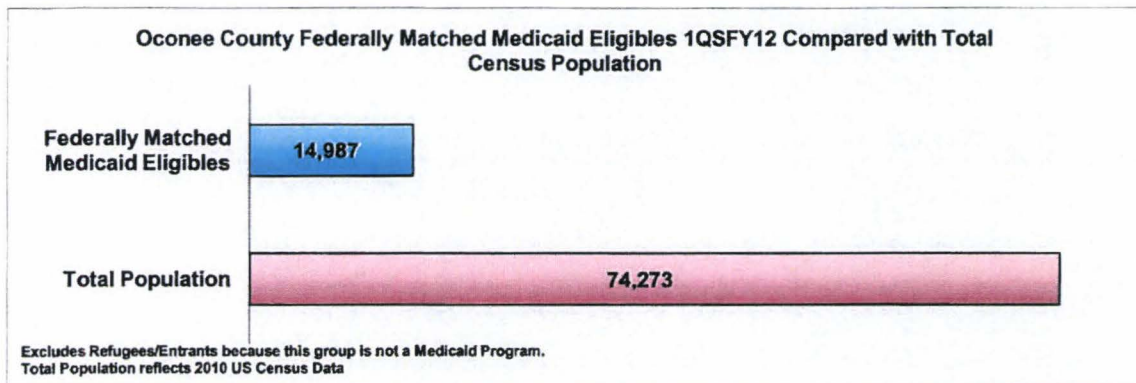
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Newberry County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	13	\$3,778.33
ANESTHESIOLOGY	1	1	6	\$428.14
CHIROPRACTIC	1	0	0	#N/A
DENTISTRY	8	8	114	\$17,911.04
DEVELOPMENTAL REHABILITATION	1	1	229	\$22,020.50
DIABETES EDUCATOR	1	1	1	\$131.80
EMERGENCY MEDICINE	1	1	52	\$5,216.74
FAMILY PRACTICE	24	13	459	\$61,178.51
INTERNAL MEDICINE	11	7	331	\$14,577.03
MENTAL RETARDATION	1	1	102	\$62,807.50
MIDWIFE	1	0	0	#N/A
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	1	1	8	\$5,197.90
NURSE ANESTHETIST	6	2	12	\$797.55
NURSE PRAC & PHYSICIAN ASSIST	14	6	51	\$2,451.26
OBSTETRICS AND GYNECOLOGY	5	2	156	\$56,058.80
OPHTHALMOLOGY	1	1	9	\$286.36
OPTICIAN	1	0	0	#N/A
OPTOMETRY	3	2	30	\$2,137.96
PATHOLOGY	2	0	0	#N/A
PEDIATRICS	2	1	10	\$980.20
PHYS/OCCUP THERAPIST	3	2	4	\$4,236.01
SC DEPT OF HEALTH & ENVIRO CTL	1	1	164	\$10,049.16
SC DEPT OF MENTAL HEALTH	1	1	5	\$636.60
SPEECH THERAPIST	3	2	6	\$4,193.95
SURGERY, GENERAL	6	2	27	\$7,409.28
OTHER PROVIDER SPECIALTIES	68	32	1,492	\$2,887,167.83

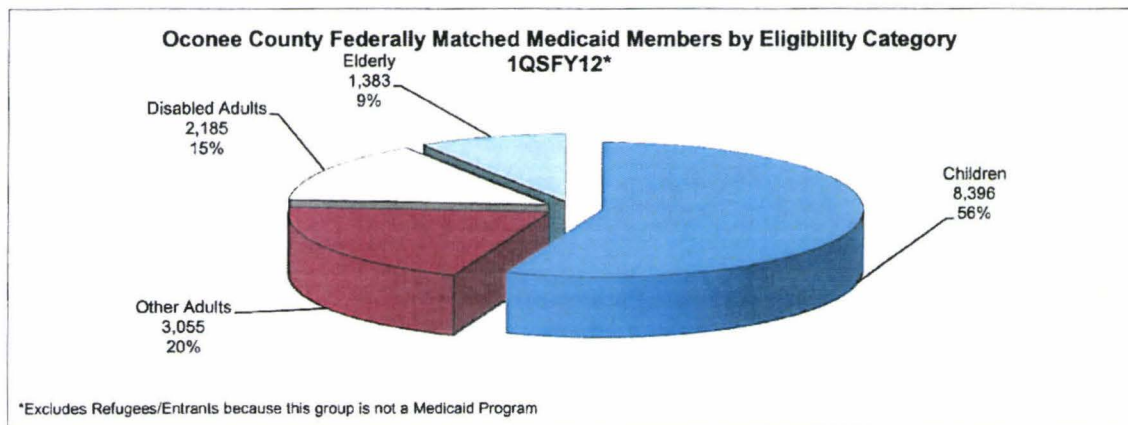
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 20.2% of the Total Population



Oconee County Federally Matched Medicaid Members

Children = 56%
 Non-Disabled Adults = 20%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

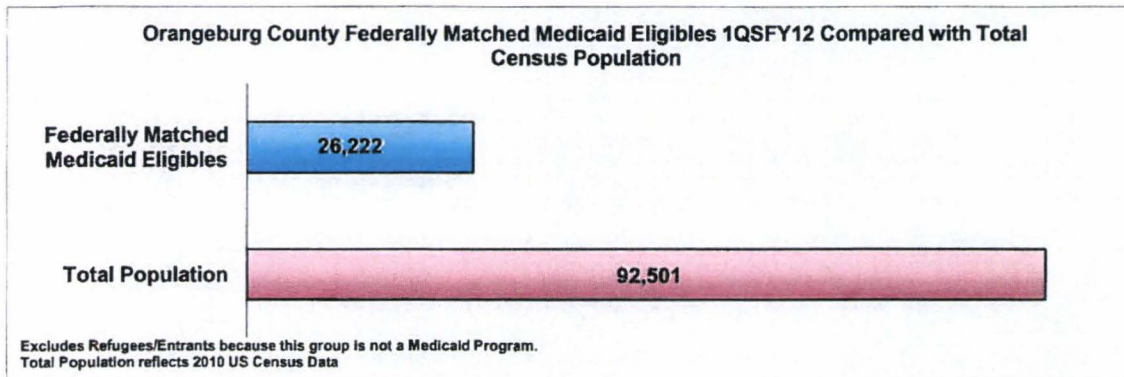
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Oconee County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
AMBULATORY SURGERY	2	2	6	\$2,676.38
ANESTHESIOLOGY	10	9	208	\$15,513.93
CARDIOVASCULAR DISEASES	6	4	142	\$8,937.53
CHIROPRACTIC	6	1	1	\$67.23
DENTISTRY	27	17	124	\$19,598.57
DEVELOPMENTAL REHABILITATION	2	1	100	\$4,072.20
DIABETES EDUCATOR	1	0	0	#N/A
EMERGENCY MEDICINE	12	10	492	\$30,959.16
FAM PLAN, MATER & CHILD HEALTH	2	2	31	\$6,025.89
FAMILY PRACTICE	33	25	797	\$74,058.51
GASTROENTEROLOGY	3	1	16	\$1,167.92
GENERAL PRACTICE	5	3	181	\$25,702.14
GYNECOLOGY	1	1	8	\$1,612.18
INTERNAL MEDICINE	17	10	226	\$16,238.40
LICENSED INDEPT SOCIAL WORKER	1	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	2	0	0	#N/A
MENTAL RETARDATION	1	1	146	\$97,727.50
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	2	2	25	\$14,939.37
NEUROLOGY	5	2	16	\$3,270.91
NURSE ANESTHETIST	16	13	163	\$3,476.91
NURSE PRAC & PHYSICIAN ASSIST	24	9	66	\$3,746.75
OBSTETRICS AND GYNECOLOGY	7	6	179	\$47,842.55
OCCUPATIONAL THERAPIST	2	1	10	\$4,271.98
OPHTHALMOLOGY	3	2	21	\$893.99
OPTICIAN	3	1	1	\$26.53
OPTOMETRY	9	6	85	\$7,283.01
ORTHODONTICS	1	0	0	#N/A
OTORHINOLARYNGOLOGY	4	2	32	\$5,710.76
PATHOLOGY	2	0	0	#N/A
PEDIATRIC SUB-SPECIALIST	1	1	2	\$379.58
PEDIATRICS	15	8	360	\$35,231.46
PEDODONTICS	1	1	67	\$13,016.37
PHYS/OCCUP THERAPIST	18	1	1	\$543.25
PODIATRY	1	0	0	#N/A
PSYCHIATRY	2	1	1	\$60.39
PSYCHOLOGIST	1	1	1	\$347.67
PULMONARY MEDICINE	2	1	44	\$4,168.85
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY	7	6	439	\$10,023.18
RADIOLOGY, DIAGNOSTIC	4	3	226	\$6,146.22
RHEUMATOLOGY	1	1	6	\$367.38
RURAL HEALTH CLINICS (RHC)	3	2	255	\$36,086.91
SC DEPT OF HEALTH & ENVIRO CTL	1	1	271	\$22,469.28
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
SPEECH THERAPIST	6	2	10	\$7,980.73
SURGERY, GENERAL	8	4	43	\$6,672.15
SURGERY, ORTHOPEDIC	14	11	126	\$20,588.94
SURGERY, UROLOGICAL	3	2	20	\$2,963.09
THERAPIST/MULTI SPECIALTY GRP	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	184	76	3,005	\$3,524,290.02

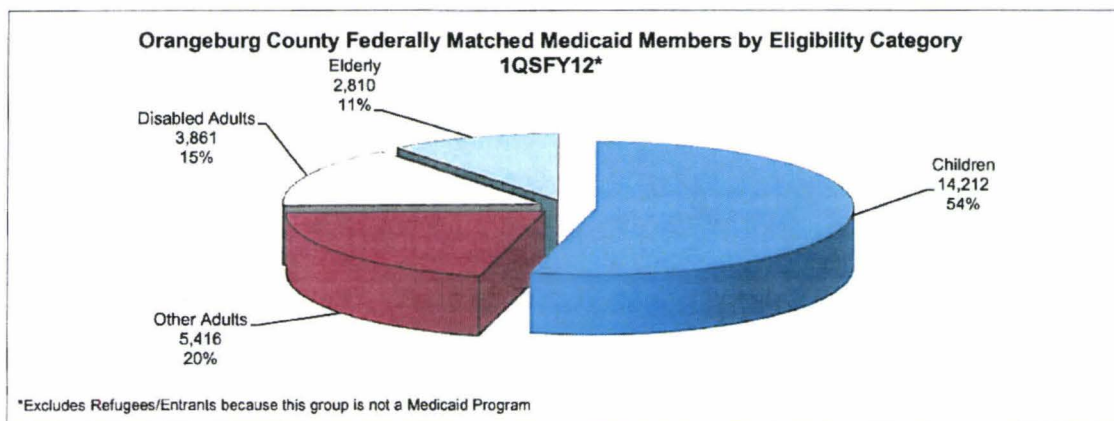
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 28.3% of the Total Population



Orangeburg County Federally Matched Medicaid Members

Children = 54%
 Non-Disabled Adults = 20%
 Disabled Adults = 15%
 Elderly = 11%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Orangeburg County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	31	\$9,252.87
ANESTHESIOLOGY	8	5	358	\$20,845.21
AUDIOLOGY	2	2	5	\$6,273.48
CARDIOVASCULAR DISEASES	7	4	325	\$10,533.48
CHIROPRACTIC	4	1	5	\$178.49
DENTISTRY	24	15	349	\$52,546.67
DERMATOLOGY	2	1	14	\$348.37
DEVELOPMENTAL REHABILITATION	3	3	356	\$44,325.45
DIABETES EDUCATOR	3	1	3	\$344.98
EMERGENCY MEDICINE	18	15	1,057	\$59,870.31
ENDOCRINOLOGY AND METAB.	1	0	0	#N/A
FAM PLAN, MATER & CHILD HEALTH	1	1	5	\$457.45
FAMILY PRACTICE	46	21	800	\$48,036.63
FED QUAL HEALTH CLINIC (FQHC)	1	1	1,336	\$157,458.70
GASTROENTEROLOGY	4	2	33	\$4,988.17
GENERAL PRACTICE	1	1	21	\$1,121.58
HEMATOLOGY	1	0	0	#N/A
INFECTIOUS DISEASES	3	1	84	\$10,777.05
INTERNAL MEDICINE	35	25	600	\$81,377.79
LICENSED INDEPT SOCIAL WORKER	3	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	2	1	2	\$640.08
MENTAL RETARDATION	1	1	216	\$115,672.50
MIDWIFE	2	1	66	\$4,259.78
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	13	10	196	\$72,470.39
NEUROLOGY	4	3	173	\$25,093.63
NURSE ANESTHETIST	23	16	175	\$7,347.55
NURSE PRAC & PHYSICIAN ASSIST	27	6	77	\$9,843.82
OBSTETRICS AND GYNECOLOGY	12	8	410	\$102,155.96
OCCUPATIONAL THERAPIST	5	2	4	\$1,573.72
ONCOLOGY	1	0	0	#N/A
OPHTHALMOLOGY	6	4	212	\$14,073.30
OPTICIAN	3	1	4	\$106.12
OPTOMETRY	7	5	146	\$14,500.27
OTORHINOLARYNGOLOGY	6	3	119	\$15,776.54
PATHOLOGY	5	1	99	\$3,186.92
PEDIATRICS	13	9	251	\$26,770.23
PEDODONTICS	2	2	95	\$10,874.78
PHYS/OCCUP THERAPIST	7	0	0	#N/A
PODIATRY	8	3	10	\$1,695.92
PSYCHIATRY	6	3	322	\$17,765.62
PSYCHOLOGIST	3	1	9	\$3,999.36
PULMONARY MEDICINE	2	1	65	\$7,152.06
PVT MENTAL HEALTH	2	1	15	\$57,454.34
RADIOLOGY	2	1	164	\$2,731.60
RADIOLOGY, DIAGNOSTIC	10	7	968	\$36,374.41
RADIOLOGY, THERAPEUTIC	2	1	23	\$8,645.42
RHEUMATOLOGY	2	1	36	\$36,662.33
RURAL HEALTH CLINICS (RHC)	8	8	1,323	\$89,460.84
SC DEPT OF HEALTH & ENVIRO CTL	1	1	756	\$50,718.69
SC DEPT OF MENTAL HEALTH	2	2	344	\$133,586.05
SPEECH THERAPIST	26	12	61	\$70,358.55
SURGERY, GENERAL	8	6	243	\$28,324.74

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

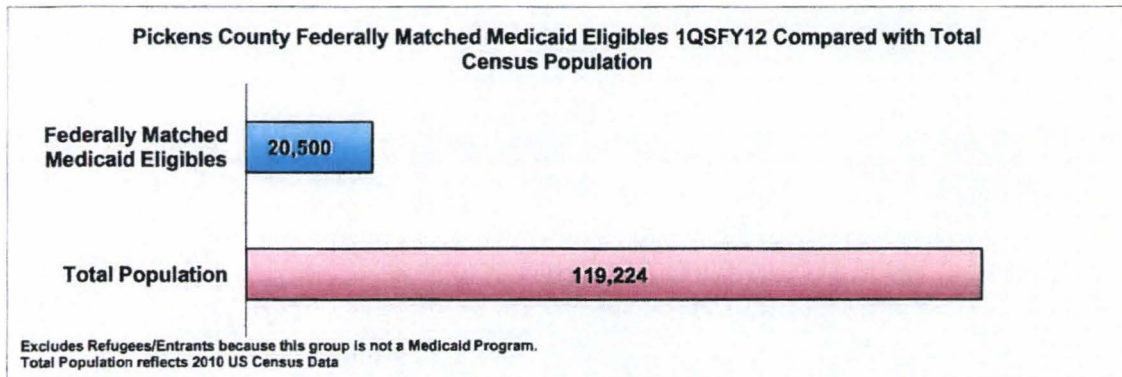
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Orangeburg County 1QSFY12 (continued)**

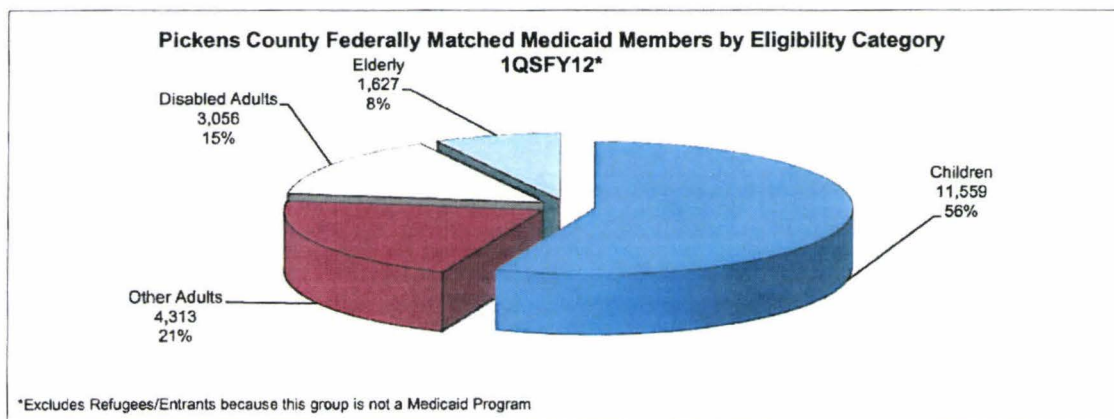
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SURGERY, ORAL (DENTAL ONLY)	1	1	1	\$88.88
SURGERY, ORTHOPEDIC	6	4	38	\$7,048.67
SURGERY, UROLOGICAL	4	2	87	\$12,937.54
THERAPIST/MULTI SPECIALTY GRP	3	0	0	#N/A
OTHER PROVIDER SPECIALTIES	292	128	5,809	\$8,980,673.93

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Federally Matched Medicaid Eligibles represent 17.2% of the Total Population



Pickens County Federally Matched Medicaid Members

Children = 56%
 Non-Disabled Adults = 21%
 Disabled Adults = 15%
 Elderly = 8%

1st Quarter SFY12 Paid

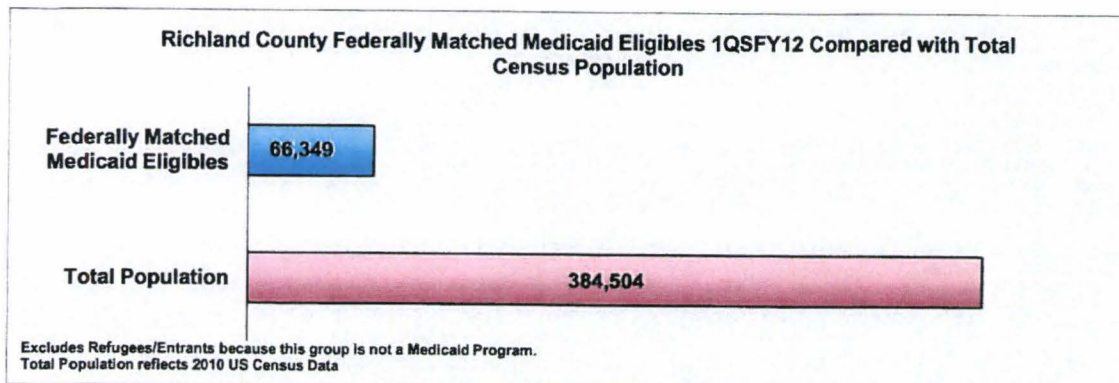
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Pickens County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	101	\$48,505.23
ANESTHESIOLOGY	6	3	60	\$7,347.67
AUDIOLOGY	3	1	9	\$591.48
CARDIOVASCULAR DISEASES	6	4	186	\$6,813.93
CHIROPRACTIC	16	5	15	\$1,751.73
DENTAL - ENDODONTIST	2	1	1	\$1,756.30
DENTISTRY	33	18	182	\$32,113.62
DERMATOLOGY	1	1	6	\$543.76
DEVELOPMENTAL REHABILITATION	1	1	94	\$9,778.30
DIABETES EDUCATOR	2	1	3	\$157.68
EMERGENCY MEDICINE	2	1	191	\$11,746.13
FAMILY PRACTICE	66	38	1,066	\$93,493.70
GASTROENTEROLOGY	2	1	8	\$285.96
GENERAL PRACTICE	5	3	104	\$3,324.73
INTERNAL MEDICINE	27	14	216	\$12,262.17
LICENSED INDEPT SOCIAL WORKER	2	1	5	\$1,337.20
MENTAL RETARDATION	1	1	162	\$71,537.50
MIDWIFE	1	0	0	#N/A
MULTIPLE SPECIALTY GROUP	7	0	0	#N/A
NEPHROLOGY/ESRD	1	1	1	\$166.31
NEUROLOGY	5	3	89	\$15,179.42
NURSE ANESTHETIST	13	7	45	\$2,952.67
NURSE PRAC & PHYSICIAN ASSIST	36	11	84	\$5,503.72
OBSTETRICS AND GYNECOLOGY	10	5	231	\$54,978.34
OCCUPATIONAL THERAPIST	6	4	36	\$11,600.07
OPHTHALMOLOGY	7	4	41	\$3,348.36
OPTICIAN	1	1	6	\$159.18
OPTOMETRY	15	8	102	\$8,510.21
OTORHINOLARYNGOLOGY	7	4	92	\$11,013.64
PEDIATRICS	15	9	447	\$65,700.86
PEDODONTICS	1	1	40	\$8,475.84
PHYS/OCCUP THERAPIST	18	5	21	\$7,684.51
PHYSICAL MEDICINE & REHAB	5	3	59	\$15,916.73
PSYCHIATRY	1	1	7	\$468.10
PSYCHOLOGIST	4	0	0	#N/A
PULMONARY MEDICINE	1	1	76	\$8,914.04
RADIOLOGY, DIAGNOSTIC	4	3	578	\$8,479.10
RURAL HEALTH CLINICS (RHC)	1	1	126	\$5,236.62
SC DEPT OF HEALTH & ENVIRO CTL	1	1	414	\$30,363.91
SC DEPT OF MENTAL HEALTH	1	1	2	\$8,798.62
SPEECH THERAPIST	11	8	78	\$41,636.41
SURGERY, GENERAL	12	5	67	\$14,305.37
SURGERY, ORAL (DENTAL ONLY)	3	2	11	\$8,190.55
SURGERY, ORTHOPEDIC	11	6	97	\$15,919.60
SURGERY, UROLOGICAL	2	1	7	\$511.01
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	366	125	4,097	\$4,976,007.01

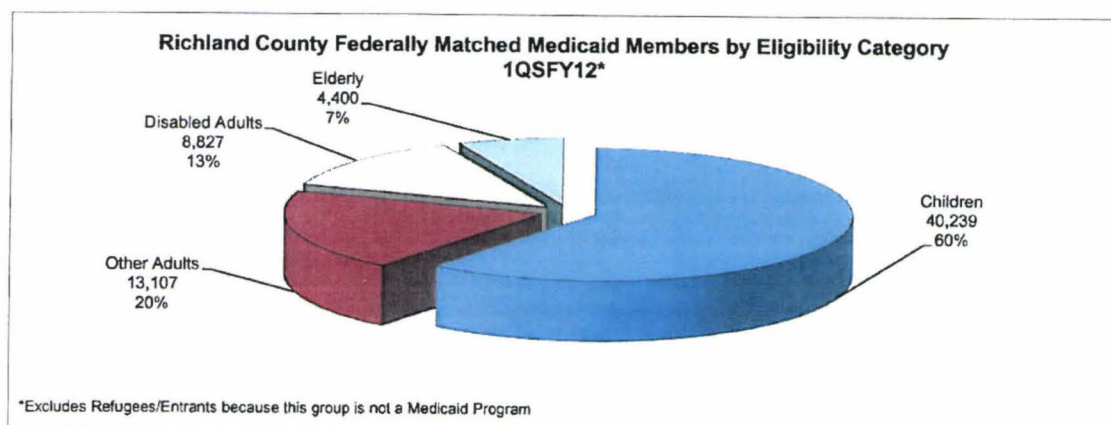
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 17.3% of the Total Population



Richland County Federally Matched Medicaid Members

Children = 60%
 Non-Disabled Adults = 20%
 Disabled Adults = 13%
 Elderly = 7%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Richland County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	2	1	161	\$86,092.49
ALLERGY AND IMMUNOLOGY	7	5	142	\$32,428.33
AMBULATORY SURGERY	10	10	185	\$52,682.32
ANESTHESIOLOGY	61	49	1,193	\$136,635.72
AUDIOLOGY	13	8	92	\$20,298.10
CARDIOVASCULAR DISEASES	65	50	1,710	\$140,264.00
CHIROPRACTIC	32	4	5	\$187.16
CLTC	2	1	89	\$28,025.16
CORF	1	1	103	\$73,266.61
DENTAL - ENDODONTIST	3	2	7	\$2,159.58
DENTAL - PERIODONTIST	2	1	2	\$276.08
DENTISTRY	136	71	1,698	\$343,502.61
DERMATOLOGY	8	5	210	\$17,993.45
DEVELOPMENTAL REHABILITATION	8	5	2,000	\$569,677.39
DIABETES EDUCATOR	2	1	8	\$598.83
EMERGENCY MEDICINE	66	38	2,817	\$169,467.62
ENDOCRINOLOGY AND METAB.	7	6	98	\$10,264.70
FAM PLAN, MATER & CHILD HEALTH	5	4	160	\$61,174.35
FAMILY PRACTICE	150	83	1,718	\$133,976.39
FED QUAL HEALTH CLINIC (FQHC)	2	2	2,447	\$397,737.60
GASTROENTEROLOGY	25	14	162	\$24,593.21
GENERAL PRACTICE	15	6	206	\$12,897.06
GERIATRICS	8	3	9	\$284.21
GYNECOLOGY	4	2	22	\$9,770.04
HOSPITAL PATHOLOGY	3	2	25	\$1,848.92
INFECTIOUS DISEASES	9	5	91	\$4,575.63
INTERNAL MEDICINE	165	111	1,407	\$570,823.59
LICENSED INDEPT SOCIAL WORKER	14	9	25	\$5,899.03
LICENSED MARRIAGE & FAM THERA	3	2	12	\$2,785.74
LICENSED PROFESSIONAL COUNSEL	21	9	76	\$15,941.47
MENTAL RETARDATION	16	15	8,846	\$60,368,572.36
MIDWIFE	4	1	1	\$64.26
MULTIPLE SPECIALTY GROUP	21	0	0	#N/A
NEONATOLOGY	5	0	0	#N/A
NEPHROLOGY/ESRD	36	29	641	\$150,307.04
NEUROLOGY	22	12	308	\$59,131.67
NURSE ANESTHETIST	210	140	927	\$81,133.87
NURSE PRAC & PHYSICIAN ASSIST	184	57	834	\$36,435.01
OBSTETRICS	2	1	81	\$15,443.53
OBSTETRICS AND GYNECOLOGY	89	59	1,848	\$487,903.41
OCCUPATIONAL MEDICINE	1	1	6	\$1,257.46
OCCUPATIONAL THERAPIST	20	12	94	\$48,484.00
ONCOLOGY	5	4	67	\$53,349.29
OPHTHALMOLOGY	59	37	451	\$54,398.06
OPTICIAN	2	1	2,945	\$127,183.32
OPTOMETRY	72	39	806	\$74,749.55
ORTHODONTICS	1	1	80	\$43,401.77
OTORHINOLARYNGOLOGY	20	10	210	\$35,112.18
PATHOLOGY	20	17	987	\$46,471.75
PATHOLOGY, CLINICAL	2	2	98	\$6,929.78
PEDIATRIC SUB-SPECIALIST	43	39	1,764	\$785,106.82

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1st Quarter SFY12 Paid

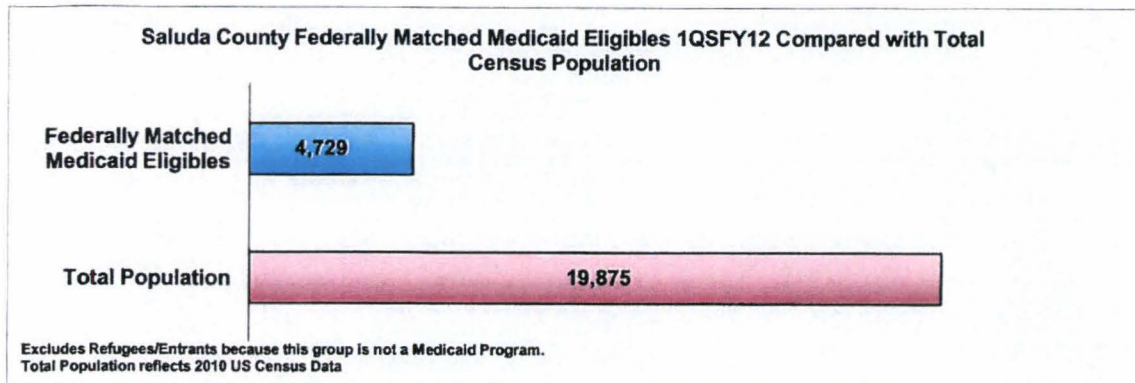
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Richland County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PEDIATRICS	127	82	3,556	\$462,155.63
PEDODONTICS	11	5	293	\$45,222.72
PHYS/OCCUP THERAPIST	59	15	108	\$65,349.49
PHYSICAL MEDICINE & REHAB	7	4	25	\$5,404.43
PODIATRY	19	8	28	\$1,889.32
PSYCHIATRY	128	52	1,157	\$83,555.98
PSYCHIATRY, CHILD	16	11	297	\$41,832.51
PSYCHOLOGIST	45	13	96	\$30,028.40
PULMONARY MEDICINE	23	19	420	\$58,228.99
PVT MENTAL HEALTH	28	16	961	\$2,002,033.91
RADIOLOGY	20	18	1,900	\$63,568.61
RADIOLOGY, DIAGNOSTIC	36	21	2,255	\$73,019.33
RHEUMATOLOGY	7	1	21	\$518.24
RURAL HEALTH CLINICS (RHC)	1	0	0	#N/A
SC CONTINUUM OF CARE	2	2	168	\$163,189.61
SC DEPT OF HEALTH & ENVIRO CTL	11	6	284	\$21,100.52
SC DEPT OF MENTAL HEALTH	6	4	1,237	\$823,762.04
SOCIAL WORKER	1	0	0	#N/A
SPEECH THERAPIST	83	41	278	\$229,310.11
SURGERY, CARDIOVASCULAR	10	5	12	\$8,976.21
SURGERY, COLON AND RECTAL	9	4	8	\$3,693.86
SURGERY, GENERAL	37	23	349	\$98,169.39
SURGERY, NEUROLOGICAL	15	10	114	\$39,628.78
SURGERY, ORAL (DENTAL ONLY)	17	12	63	\$34,538.11
SURGERY, ORTHOPEDIC	51	31	418	\$95,922.39
SURGERY, PEDIATRIC	3	2	97	\$32,342.76
SURGERY, PLASTIC	11	5	51	\$17,706.69
SURGERY, THORACIC	4	4	39	\$15,222.82
SURGERY, UROLOGICAL	16	9	163	\$16,859.03
THERAPIST/MULTI SPECIALTY GRP	7	0	0	#N/A
OTHER PROVIDER SPECIALTIES	707	395	28,258	\$52,345,321.28

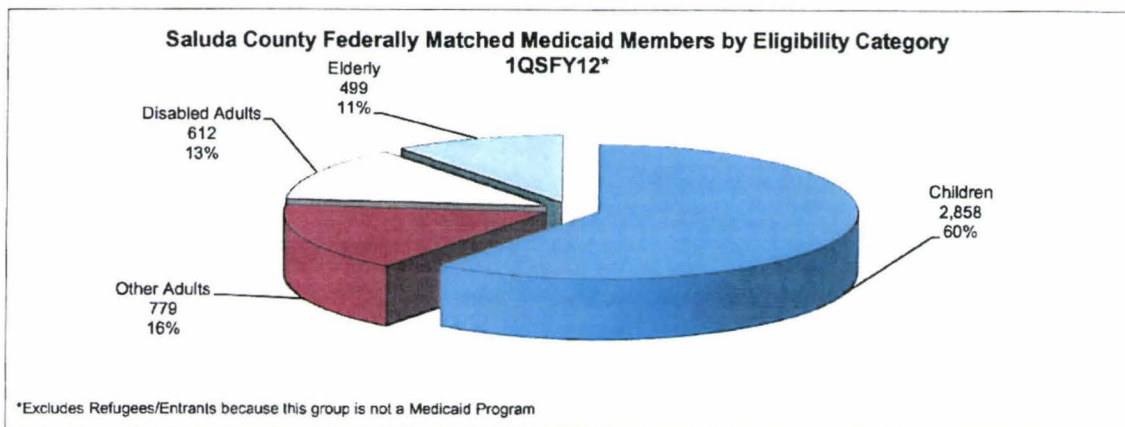
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1st Quarter SFY12 Paid



Federally Matched Medicaid Eligibles represent 23.8% of the Total Population



Saluda County Federally Matched Medicaid Members

Children = 60%
 Non-Disabled Adults = 16%
 Disabled Adults = 13%
 Elderly = 11%

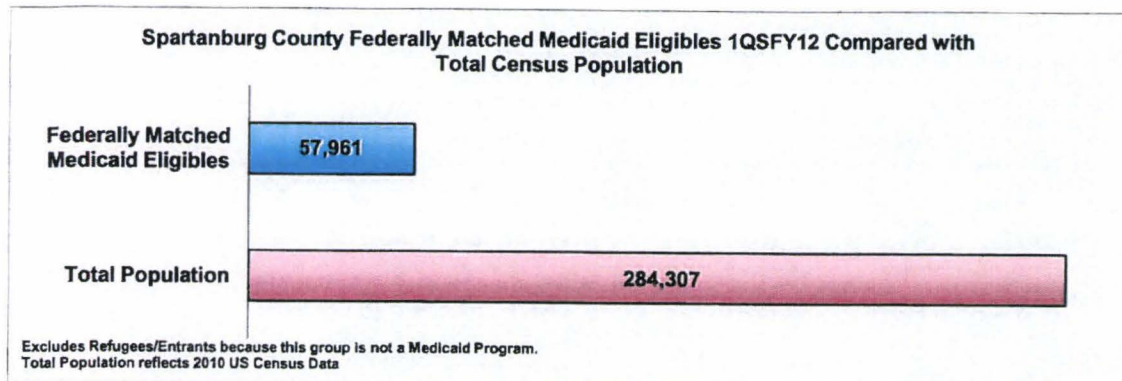
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Saluda County 1QSFY12**

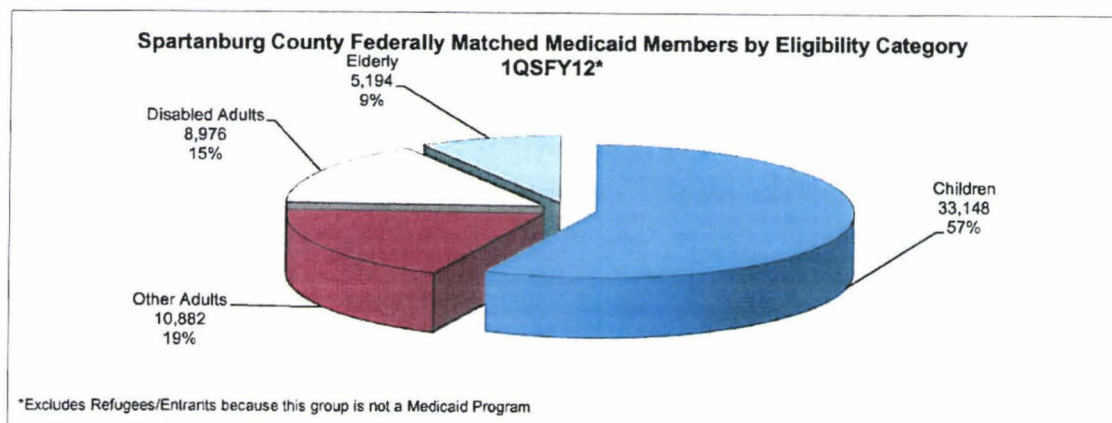
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	3	\$883.06
DENTISTRY	6	4	101	\$20,949.83
DEVELOPMENTAL REHABILITATION	1	1	9	\$8,149.17
FAMILY PRACTICE	9	3	136	\$18,819.21
FED QUAL HEALTH CLINIC (FQHC)	1	1	97	\$14,457.02
NEPHROLOGY/ESRD	1	1	3	\$7,083.96
NURSE PRAC & PHYSICIAN ASSIST	3	0	0	#N/A
OPTOMETRY	2	1	11	\$514.32
PHYS/OCCUP THERAPIST	3	0	0	#N/A
RURAL HEALTH CLINICS (RHC)	2	2	608	\$45,817.91
SC DEPT OF HEALTH & ENVIRO CTL	1	1	184	\$11,941.42
SC DEPT OF MENTAL HEALTH	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	34	13	556	\$1,530,911.09

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Federally Matched Medicaid Eligibles represent 20.4% of the Total Population



Spartanburg County Federally Matched Medicaid Members

Children = 57%
 Non-Disabled Adults = 19%
 Disabled Adults = 15%
 Elderly = 9%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Spartanburg County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	70	\$20,630.83
ALLERGY AND IMMUNOLOGY	6	4	81	\$15,107.90
AMBULATORY SURGERY	3	3	57	\$11,550.68
ANESTHESIOLOGY	36	27	432	\$38,019.51
AUDIOLOGY	2	2	13	\$31.40
CARDIOVASCULAR DISEASES	16	14	260	\$20,378.37
CHIROPRACTIC	55	13	39	\$2,396.85
CLTC	1	1	21	\$48,286.95
DENTAL - PERIODONTIST	1	0	0	#N/A
DENTISTRY	65	35	1,158	\$191,602.44
DERMATOLOGY	3	2	10	\$339.80
DEVELOPMENTAL REHABILITATION	9	6	627	\$207,754.83
DIABETES EDUCATOR	1	1	18	\$1,450.30
EMERGENCY MEDICINE	52	44	3,995	\$181,808.98
ENDOCRINOLOGY AND METAB.	5	3	37	\$3,846.20
FAM PLAN, MATER & CHILD HEALTH	1	1	10	\$4,703.56
FAMILY PRACTICE	146	86	2,850	\$186,522.56
FED QUAL HEALTH CLINIC (FQHC)	1	1	291	\$45,568.96
GASTROENTEROLOGY	10	7	117	\$12,406.47
GENERAL PRACTICE	3	2	79	\$4,472.69
GERIATRICS	5	3	125	\$1,766.78
HEMATOLOGY	5	3	32	\$6,590.83
HOSPITAL PATHOLOGY	1	1	44	\$1,388.19
INFECTIOUS DISEASES	4	4	71	\$7,478.87
INTERNAL MEDICINE	90	72	1,193	\$96,653.47
LICENSED MARRIAGE & FAM THERA	4	0	0	#N/A
LICENSED PROFESSIONAL COUNSEL	8	4	25	\$6,226.81
MENTAL RETARDATION	1	1	567	\$313,390.00
MIDWIFE	8	5	100	\$14,676.75
MULTIPLE SPECIALTY GROUP	11	0	0	#N/A
NEONATOLOGY	4	1	31	\$12,588.58
NEPHROLOGY/ESRD	16	14	243	\$73,152.45
NEUROLOGY	17	12	279	\$30,038.44
NURSE ANESTHETIST	98	61	397	\$40,073.19
NURSE PRAC & PHYSICIAN ASSIST	116	38	554	\$24,886.81
OBSTETRICS AND GYNCOLOGY	43	35	1,182	\$306,091.43
OCCUPATIONAL MEDICINE	2	1	122	\$8,452.03
OCCUPATIONAL THERAPIST	17	9	174	\$84,776.25
ONCOLOGY	7	5	114	\$43,716.91
OPHTHALMOLOGY	20	11	157	\$13,527.42
OPTICIAN	3	1	3	\$79.59
OPTOMETRY	34	18	363	\$35,829.20
OTORHINOLARYNGOLOGY	9	7	165	\$16,414.62
PATHOLOGY	8	8	628	\$27,257.96
PEDIATRIC SUB-SPECIALIST	9	8	292	\$205,861.57
PEDIATRICS	39	25	977	\$86,432.11
PEODONTICS	8	4	184	\$38,731.15
PHYS/OCCUP THERAPIST	20	11	142	\$73,951.58
PHYSICAL MEDICINE & REHAB	10	6	139	\$17,265.42
PODIATRY	6	2	6	\$719.49
PSYCHIATRY	12	6	180	\$6,207.95

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1st Quarter SFY12 Paid

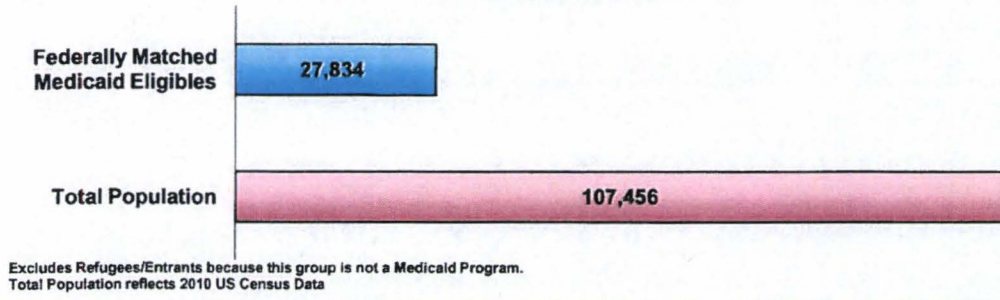
**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Spartanburg County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
PSYCHIATRY, CHILD	4	1	1	-\$113.67
PSYCHOLOGIST	6	5	33	\$5,180.27
PULMONARY MEDICINE	20	13	305	\$40,890.05
PVT MENTAL HEALTH	6	2	45	\$58,528.14
RADIOLOGY	8	6	720	\$20,138.29
RADIOLOGY, DIAGNOSTIC	20	17	1,465	\$32,653.22
RADIOLOGY, THERAPEUTIC	4	3	26	\$9,455.00
RHEUMATOLOGY	4	4	56	\$12,186.77
RURAL HEALTH CLINICS (RHC)	2	2	84	\$6,170.62
SC DEPT OF HEALTH & ENVIRO CTL	1	1	965	\$68,854.78
SC DEPT OF MENTAL HEALTH	2	2	1,065	\$424,702.24
SPEECH THERAPIST	26	17	158	\$91,383.99
SURGERY, CARDIOVASCULAR	6	6	105	\$13,126.59
SURGERY, COLON AND RECTAL	3	2	5	\$367.23
SURGERY, GENERAL	34	26	315	\$60,154.89
SURGERY, NEUROLOGICAL	5	1	3	\$1,287.30
SURGERY, ORAL (DENTAL ONLY)	7	4	28	\$15,050.96
SURGERY, ORTHOPEDIC	30	21	208	\$37,857.68
SURGERY, PLASTIC	7	4	41	\$8,228.48
SURGERY, UROLOGICAL	14	10	33	\$12,438.10
THERAPIST/MULTI SPECIALTY GRP	5	0	0	#N/A
OTHER PROVIDER SPECIALTIES	612	291	14,283	\$22,250,918.15

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

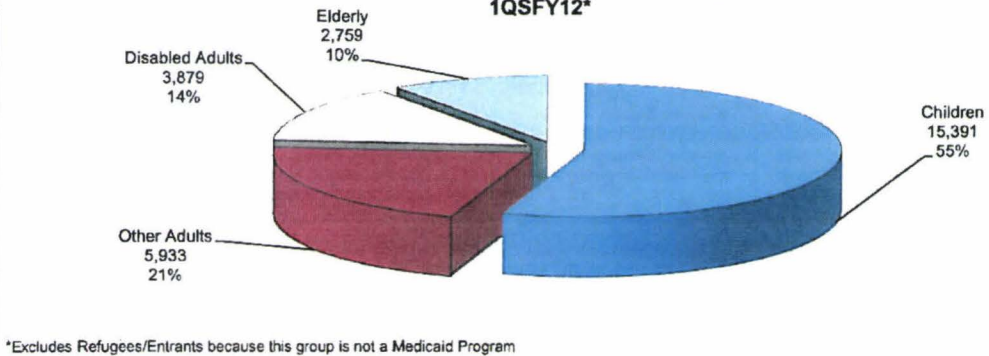
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Sumter County Federally Matched Medicaid Eligibles 1QSFY12 Compared with Total Census Population



Federally Matched Medicaid Eligibles represent 25.9% of the Total Population

Sumter County Federally Matched Medicaid Members by Eligibility Category 1QSFY12*



Sumter County Federally Matched Medicaid Members

Children = 55%
 Non-Disabled Adults = 21%
 Disabled Adults = 14%
 Elderly = 10%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Sumter County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	27	\$28,695.94
ALLERGY AND IMMUNOLOGY	1	1	17	\$4,081.38
AMBULATORY SURGERY	1	1	46	\$8,484.19
ANESTHESIOLOGY	16	8	200	\$11,159.84
AUDIOLOGY	3	2	19	\$1,684.71
CARDIOVASCULAR DISEASES	6	5	512	\$13,532.33
CHIROPRACTIC	6	2	5	\$103.89
CLTC	2	2	284	\$198,764.89
DENTISTRY	38	15	1,200	\$243,206.07
DERMATOLOGY	3	1	34	\$2,129.15
DEVELOPMENTAL REHABILITATION	3	2	129	\$49,365.19
DIABETES EDUCATOR	1	1	1	\$12.78
EMERGENCY MEDICINE	15	13	1,600	\$91,651.94
ENDOCRINOLOGY AND METAB.	1	1	41	\$5,837.92
FAMILY PRACTICE	34	26	849	\$96,679.02
FED QUAL HEALTH CLINIC (FQHC)	2	2	917	\$115,496.40
GASTROENTEROLOGY	7	5	54	\$5,763.87
GENERAL PRACTICE	6	3	271	\$17,201.17
INFECTIOUS DISEASES	1	0	0	#N/A
INTERNAL MEDICINE	27	19	780	\$66,436.57
LICENSED PROFESSIONAL COUNSEL	3	1	6	\$3,115.60
MENTAL RETARDATION	1	1	184	\$90,452.50
MIDWIFE	5	2	10	\$5,171.79
MULTIPLE SPECIALTY GROUP	3	0	0	#N/A
NEPHROLOGY/ESRD	6	5	139	\$81,310.45
NEUROLOGY	4	1	13	\$2,288.02
NURSE ANESTHETIST	23	14	160	\$9,444.01
NURSE PRAC & PHYSICIAN ASSIST	26	8	39	\$2,515.37
OBSTETRICS AND GYNECOLOGY	18	13	304	\$65,008.96
OCCUPATIONAL THERAPIST	4	0	0	#N/A
ONCOLOGY	5	3	176	\$165,039.22
OPHTHALMOLOGY	7	2	87	\$4,044.92
OPTOMETRY	12	6	118	\$10,277.83
ORTHODONTICS	1	1	1	\$197.95
OTORHINOLARYNGOLOGY	3	2	65	\$11,254.21
PATHOLOGY	4	2	42	\$1,807.83
PATHOLOGY, CLINICAL	3	3	85	\$3,875.98
PEDIATRIC SUB-SPECIALIST	1	1	226	\$29,954.90
PEDIATRICS	14	11	633	\$70,338.72
PEDODONTICS	3	2	218	\$31,326.46
PHYS/OCCUP THERAPIST	6	5	8	\$3,062.20
PHYSICAL MEDICINE & REHAB	1	1	34	\$4,606.25
PODIATRY	0	1	2	\$155.56
PSYCHIATRY	10	3	81	\$8,298.56
PSYCHIATRY, CHILD	1	0	0	#N/A
PSYCHOLOGIST	2	0	0	#N/A
PULMONARY MEDICINE	2	1	39	\$7,046.99
PVT MENTAL HEALTH	4	3	33	\$41,525.29
RADIOLOGY	5	5	1,345	\$24,331.85
RADIOLOGY, DIAGNOSTIC	3	1	255	\$5,712.09
SC DEPT OF HEALTH & ENVIRO CTL	1	1	847	\$51,503.17

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

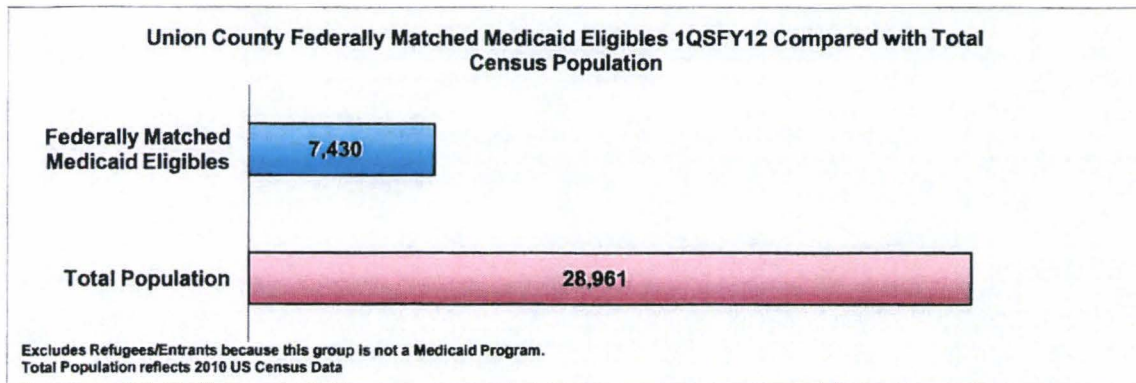
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Sumter County 1QSFY12 (continued)**

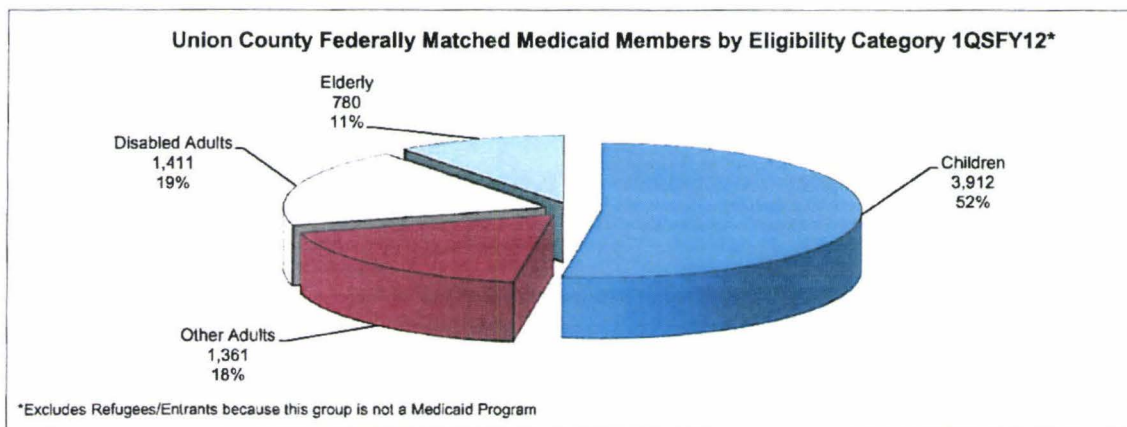
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
SC DEPT OF MENTAL HEALTH	2	2	877	\$302,678.44
SPEECH THERAPIST	11	6	18	\$15,481.26
SURGERY, GENERAL	11	6	128	\$21,035.62
SURGERY, ORAL (DENTAL ONLY)	3	2	19	\$6,518.54
SURGERY, ORTHOPEDIC	10	6	65	\$13,406.38
SURGERY, PLASTIC	4	2	15	\$3,839.33
SURGERY, UROLOGICAL	4	3	55	\$5,259.76
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	470	197	5,581	\$8,787,048.75

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 25.7% of the Total Population



Union County Federally Matched Medicaid Members

Children = 52%
 Non-Disabled Adults = 18%
 Disabled Adults = 19%
 Elderly = 11%

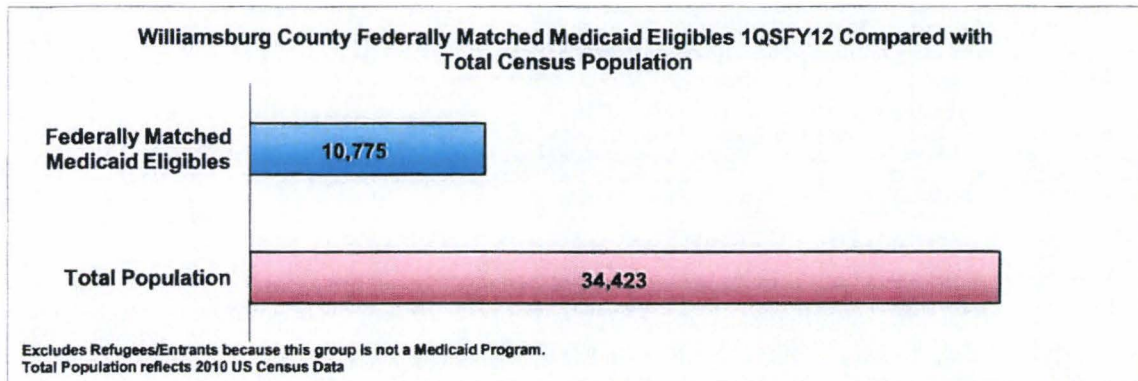
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Union County 1QSFY12**

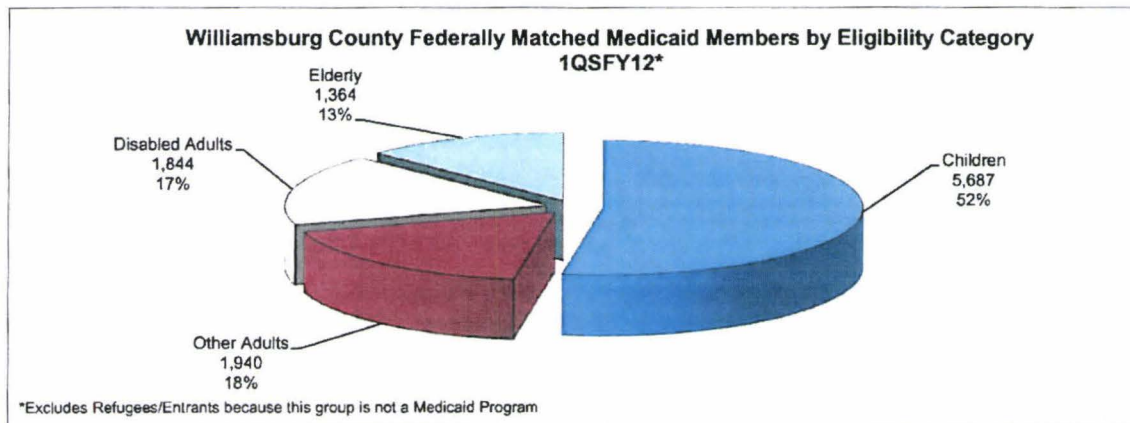
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	19	\$6,319.04
ALLERGY AND IMMUNOLOGY	1	0	0	#N/A
ANESTHESIOLOGY	1	1	8	\$170.25
CHIROPRACTIC	6	2	5	\$328.14
DENTISTRY	7	3	44	\$5,999.78
DEVELOPMENTAL REHABILITATION	1	1	82	\$9,911.73
EMERGENCY MEDICINE	5	2	212	\$11,548.10
FAMILY PRACTICE	15	11	279	\$20,639.69
GENERAL PRACTICE	1	0	0	#N/A
INTERNAL MEDICINE	5	3	99	\$9,468.95
MENTAL RETARDATION	1	1	78	\$47,287.50
MULTIPLE SPECIALTY GROUP	1	0	0	#N/A
NEPHROLOGY/ESRD	1	1	9	\$5,389.21
NURSE ANESTHETIST	5	1	10	\$1,886.08
NURSE PRAC & PHYSICIAN ASSIST	1	0	0	#N/A
OBSTETRICS AND GYNCOLOGY	4	2	50	\$8,083.10
OPTOMETRY	1	1	36	\$2,628.04
PEDIATRICS	6	4	195	\$10,797.23
PHYS/OCCUP THERAPIST	3	1	3	\$1,280.50
PSYCHOLOGIST	2	2	10	\$3,095.83
PVT MENTAL HEALTH	1	0	0	#N/A
RADIOLOGY	1	1	234	\$5,480.64
RURAL HEALTH CLINICS (RHC)	2	2	173	\$24,110.52
SC DEPT OF HEALTH & ENVIRO CTL	1	1	171	\$10,691.51
SC DEPT OF MENTAL HEALTH	1	1	9	\$7,821.29
SPEECH THERAPIST	2	0	0	#N/A
SURGERY, GENERAL	4	3	37	\$4,869.31
SURGERY, ORTHOPEDIC	1	0	0	#N/A
OTHER PROVIDER SPECIALTIES	121	38	1461	\$2,537,924.62

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 31.3% of the Total Population



Williamsburg County Federally Matched Medicaid Members

Children = 52%
 Non-Disabled Adults = 18%
 Disabled Adults = 17%
 Elderly = 13%

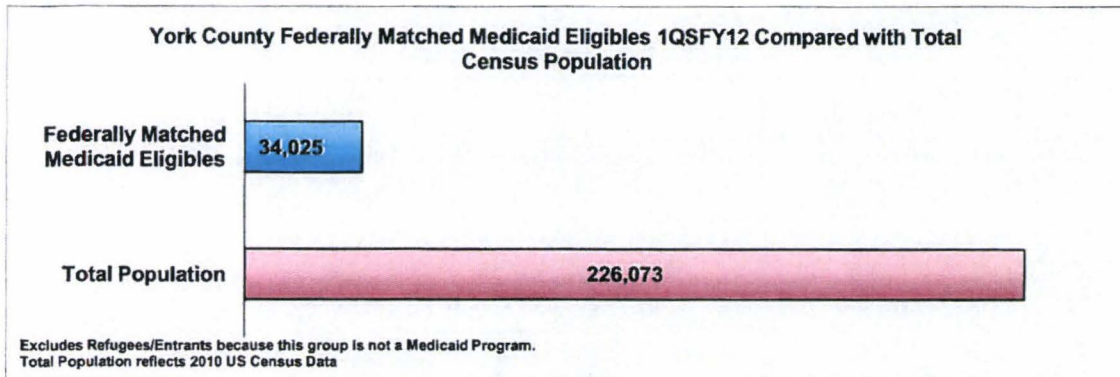
1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
Williamsburg County 1QSFY12**

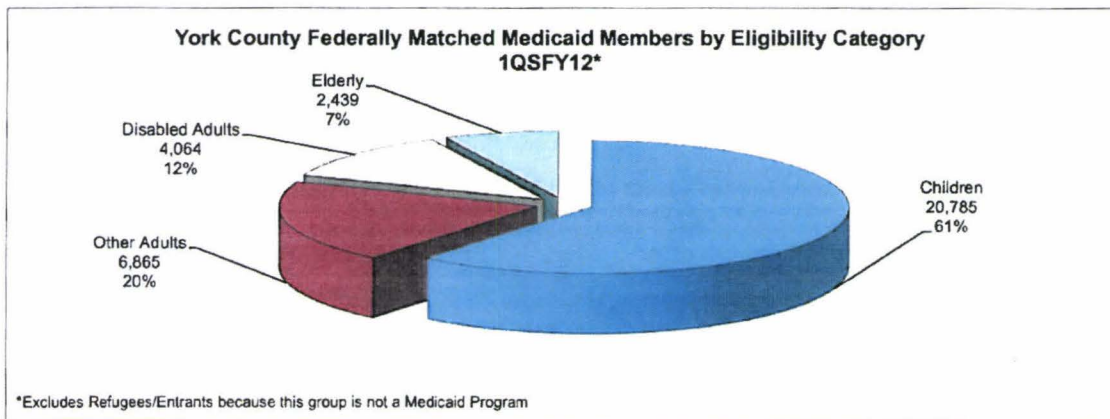
Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	23	\$5,755.48
CHIROPRACTIC	3	2	8	\$629.97
DENTISTRY	6	5	180	\$24,958.30
DEVELOPMENTAL REHABILITATION	1	1	152	\$31,428.75
EMERGENCY MEDICINE	1	0	0	#N/A
FAMILY PRACTICE	8	4	164	\$7,470.68
GENERAL PRACTICE	1	0	0	#N/A
INTERNAL MEDICINE	2	2	34	\$2,586.77
LICENSED PROFESSIONAL COUNSEL	2	1	14	\$3,108.12
MENTAL RETARDATION	1	1	81	\$38,565.00
MULTIPLE SPECIALTY GROUP	2	0	0	#N/A
NEPHROLOGY/ESRD	1	1	34	\$23,484.03
NURSE ANESTHETIST	1	0	0	#N/A
NURSE PRAC & PHYSICIAN ASSIST	3	0	0	#N/A
OBSTETRICS AND GYNECOLOGY	1	0	0	#N/A
OPTOMETRY	1	1	36	\$2,209.22
PEDIATRICS	3	2	24	\$1,762.12
PHYS/OCCUP THERAPIST	2	0	0	#N/A
PODIATRY	4	3	6	\$2,207.29
PSYCHIATRY	1	0	0	#N/A
PSYCHOLOGIST	1	1	1	\$648.00
PVT MENTAL HEALTH	4	1	7	\$2,670.22
RURAL HEALTH CLINICS (RHC)	2	2	223	\$15,757.96
SC DEPT OF HEALTH & ENVIRO CTL	1	1	170	\$13,297.98
SC DEPT OF MENTAL HEALTH	1	1	4	\$176.20
SPEECH THERAPIST	9	3	6	\$5,632.53
SURGERY, GENERAL	3	1	14	\$1,919.15
THERAPIST/MULTI SPECIALTY GRP	2	0	0	#N/A
OTHER PROVIDER SPECIALTIES	126	67	1,790	\$1,762,052.04

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

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Federally Matched Medicaid Eligibles represent 15.1% of the Total Population



York County Federally Matched Medicaid Members

Children = 61%
Non-Disabled Adults = 20%
Disabled Adults = 12%
Elderly = 7%

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
York County 1QSFY12**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
ALCOHOL & SUBSTANCE ABUSE	1	1	66	\$95,214.09
ALLERGY AND IMMUNOLOGY	9	6	48	\$10,440.45
AMBULATORY SURGERY	4	4	71	\$26,407.54
ANESTHESIOLOGY	14	9	376	\$42,410.44
AUDIOLOGY	6	2	15	\$858.66
CARDIOVASCULAR DISEASES	18	13	634	\$54,262.91
CHIROPRACTIC	36	13	21	\$1,125.53
DENTAL - ENDODONTIST	5	2	8	\$2,020.41
DENTAL - PERIODONTIST	1	0	0	#N/A
DENTISTRY	59	30	542	\$109,864.73
DERMATOLOGY	3	0	0	#N/A
DEVELOPMENTAL REHABILITATION	4	4	191	\$46,160.50
EMERGENCY MEDICINE	29	19	2,111	\$99,442.98
ENDOCRINOLOGY AND METAB.	3	2	2	\$433.09
FAMILY PRACTICE	74	42	514	\$36,548.35
FED QUAL HEALTH CLINIC (FQHC)	1	1	772	\$80,767.30
GASTROENTEROLOGY	3	2	28	\$4,665.97
GERIATRICS	2	0	0	#N/A
HEMATOLOGY	1	1	33	\$21,977.86
INFECTIOUS DISEASES	2	1	14	\$2,569.26
INTERNAL MEDICINE	65	41	673	\$112,065.87
LICENSED INDEPT SOCIAL WORKER	6	3	5	\$1,083.83
LICENSED PROFESSIONAL COUNSEL	8	1	2	\$573.84
MENTAL RETARDATION	1	1	285	\$148,652.50
MIDWIFE	13	3	14	\$6,365.36
MULTIPLE SPECIALTY GROUP	8	0	0	#N/A
NEONATOLOGY	2	0	0	#N/A
NEPHROLOGY/ESRD	12	10	342	\$40,471.36
NEUROLOGY	8	5	158	\$15,734.50
NURSE ANESTHETIST	34	26	360	\$17,647.89
NURSE PRAC & PHYSICIAN ASSIST	57	11	145	\$8,334.43
OBSTETRICS	1	0	0	#N/A
OBSTETRICS AND GYNECOLOGY	24	18	432	\$183,677.11
OCCUPATIONAL THERAPIST	16	7	86	\$60,444.71
ONCOLOGY	5	3	93	\$53,285.22
OPHTHALMOLOGY	12	7	138	\$10,272.42
OPTOMETRY	33	18	308	\$29,145.64
OTORHINOLARYNGOLOGY	11	9	346	\$48,691.73
PATHOLOGY	3	2	144	\$3,738.77
PATHOLOGY, CLINICAL	1	1	76	\$2,066.74
PEDIATRIC SUB-SPECIALIST	4	4	105	\$83,035.58
PEDIATRICS	30	23	1,278	\$161,790.45
PEDODONTICS	1	1	93	\$13,276.14
PHYS/OCCUP THERAPIST	33	12	79	\$50,718.07
PHYSICAL MEDICINE & REHAB	4	2	51	\$3,070.34
PODIATRY	1	1	5	\$289.81
PSYCHIATRY	12	5	339	\$40,946.44
PSYCHIATRY, CHILD	1	0	0	#N/A
PSYCHOLOGIST	3	0	0	#N/A
PULMONARY MEDICINE	9	6	53	\$9,149.68
PVT MENTAL HEALTH	10	2	2	\$701.44

Note: Data is based on fee for service paid claims including positive and negative adjustments; data excludes contractual transportation payments.

1st Quarter SFY12 Paid

**Federally Matched Medicaid Enrolled Providers by Provider Specialty
York County 1QSFY12 (continued)**

Provider Specialty	Providers Enrolled	Providers	Patients	Net Payment
RADIOLOGY	4	3	500	\$11,271.27
RADIOLOGY, DIAGNOSTIC	9	6	987	\$26,588.34
RADIOLOGY, THERAPEUTIC	6	4	5	\$1,176.21
RHEUMATOLOGY	3	2	3	\$211.67
RURAL HEALTH CLINICS (RHC)	1	1	203	\$27,448.56
SC CONTINUUM OF CARE	1	1	61	\$25,729.27
SC DEPT OF HEALTH & ENVIRO CTL	1	1	329	\$19,358.00
SC DEPT OF MENTAL HEALTH	2	2	813	\$334,855.80
SOCIAL WORKER	1	1	1	\$165.07
SPEECH THERAPIST	24	16	110	\$71,905.03
SURGERY, CARDIOVASCULAR	1	0	0	#N/A
SURGERY, GENERAL	11	6	100	\$21,918.69
SURGERY, NEUROLOGICAL	1	0	0	#N/A
SURGERY, ORAL (DENTAL ONLY)	8	6	76	\$33,452.15
SURGERY, ORTHOPEDIC	10	10	198	\$25,919.95
SURGERY, PLASTIC	4	2	9	\$4,137.04
SURGERY, THORACIC	3	2	8	\$2,640.40
SURGERY, UROLOGICAL	9	7	86	\$5,303.27
THERAPIST/MULTI SPECIALTY GRP	7	0	0	#N/A
OTHER PROVIDER SPECIALTIES	517	238	6,566	\$11,357,612.30

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Pediatric Sub-Specialty Providers by County

Provider County Code	Provider County	Provider Specialty Code	Provider Specialty	Net Payment	Providers	Patients
03	ALLENDALE	AA	PEDIATRIC SUB-SPECIALIST	\$74,915.00	1	257
04	ANDERSON	AA	PEDIATRIC SUB-SPECIALIST	\$31,497.04	1	180
07	BEAUFORT	AA	PEDIATRIC SUB-SPECIALIST	\$20,800.59	1	141
10	CHARLESTON	AA	PEDIATRIC SUB-SPECIALIST	\$4,070,343.53	79	5,443
18	DORCHESTER	AA	PEDIATRIC SUB-SPECIALIST	\$674.64	1	11
20	FAIRFIELD	AA	PEDIATRIC SUB-SPECIALIST	\$178,982.27	1	376
21	FLORENCE	AA	PEDIATRIC SUB-SPECIALIST	\$1,719,072.55	11	1,626
23	GREENVILLE	AA	PEDIATRIC SUB-SPECIALIST	\$3,860,020.29	47	4,736
24	GREENWOOD	AA	PEDIATRIC SUB-SPECIALIST	\$16,824.81	2	96
28	KERSHAW	AA	PEDIATRIC SUB-SPECIALIST	\$29,223.99	1	146
32	LEXINGTON	AA	PEDIATRIC SUB-SPECIALIST	\$57,569.65	1	195
37	OCONEE	AA	PEDIATRIC SUB-SPECIALIST	\$4,427.64	1	16
40	RICHLAND	AA	PEDIATRIC SUB-SPECIALIST	\$4,408,285.61	41	5,489
42	SPARTANBURG	AA	PEDIATRIC SUB-SPECIALIST	\$855,566.30	9	1,153
43	SUMTER	AA	PEDIATRIC SUB-SPECIALIST	\$173,194.21	1	497
46	YORK	AA	PEDIATRIC SUB-SPECIALIST	\$308,005.48	4	503
60	GA within SC Svc Area	AA	PEDIATRIC SUB-SPECIALIST	\$674,616.16	47	1,311
62	NC within SC Svc Area	AA	PEDIATRIC SUB-SPECIALIST	\$497,552.79	39	588
Total				\$16,981,572.55	288	22,764

Medicaid Trend Data

Budget Unit Code
Medicaid Assistance

Budget Unit

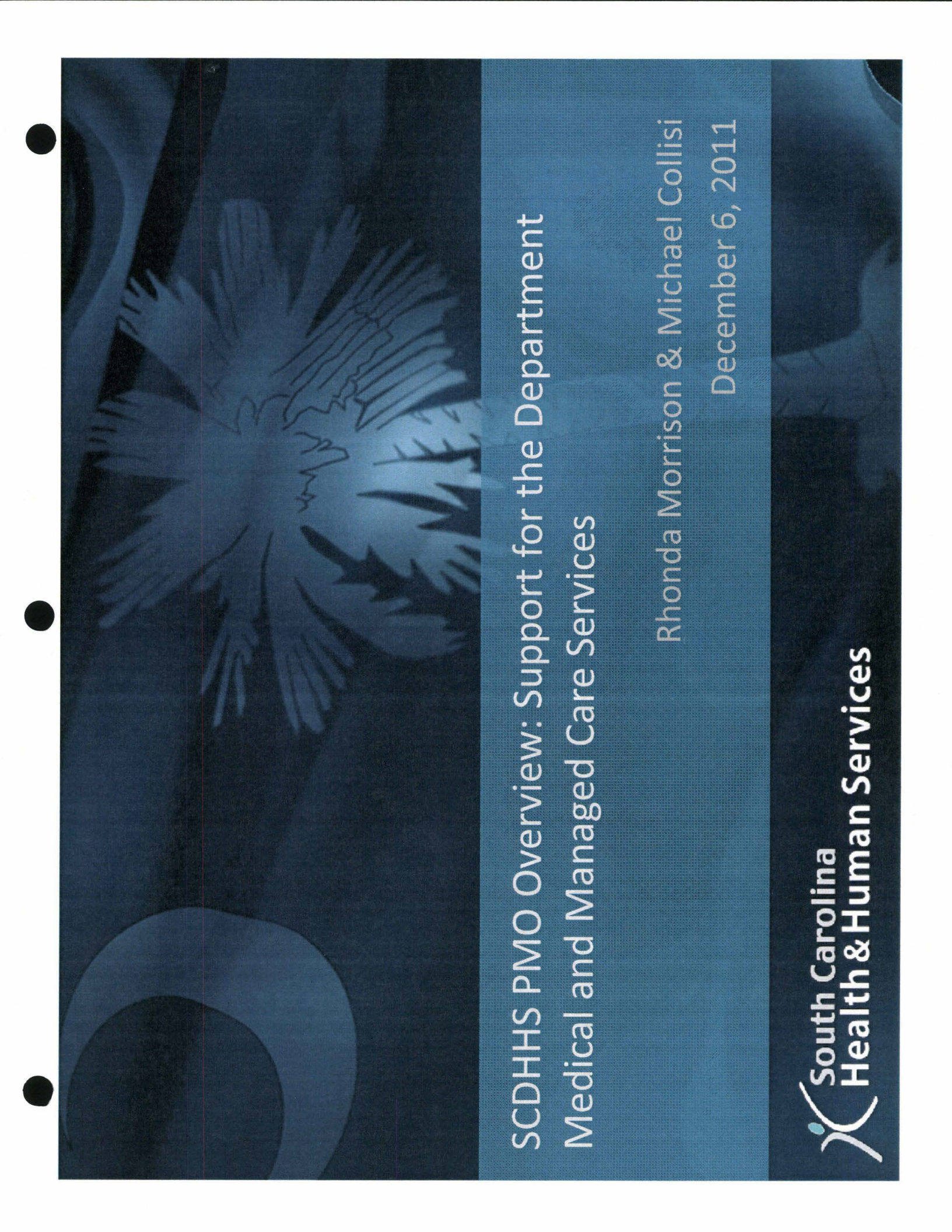
QTR 3 2010				QTR 3 2011				Comparison - % Change			
Non HMO Member Months: 1,341,650				Non HMO Member Months: 1,343,740				Non HMO Member Months Change: 0.2%			
Patients	Claims Paid	Service Count	Visits Patient	Patients	Claims Paid	Service Count	Visits Patient	Patients	Claims Paid	Service Count	Visits Patient
14,209	441,134	1,179,925	731,232	14,507	475,487	1,317,223	787,430	2.1%	7.8%	11.6%	7.7%
58,228	113,943	161,560	123,169	57,862	111,607	134,756	113,787	-0.6%	-2.1%	-16.6%	-7.6%
1,169,852	0	0	0	1,322,253	0	0	0	13.0%	0.0%	0.0%	0.0%
115,389	156,371	542,195	149,906	135,200	186,404	679,384	179,185	17.2%	19.2%	25.3%	19.5%
36,060	100,985	172,950	99,360	32,759	86,768	160,241	84,311	-9.2%	-14.1%	-7.3%	-15.1%
33,010	37,234	37,153	37,152	32,303	36,628	36,590	36,587	-2.1%	-1.6%	-1.5%	-1.5%
1,368	10,840	36,075	32,290	1,269	23,142	69,480	60,784	-7.2%	113.5%	92.6%	88.2%
36,475	73,208	65,030	84,272	47,321	89,714	67,460	97,386	29.7%	22.5%	3.7%	15.6%
1,944	6,821	25,103	19,707	1,749	5,917	21,079	16,703	-10.0%	-13.3%	-16.0%	-15.2%
455	1,343	3,621	3,596	461	1,387	2,914	2,934	1.3%	3.3%	-19.5%	-18.4%
124,461	235,733	1,182,914	235,289	119,765	231,679	1,213,333	229,559	-3.8%	-1.7%	2.6%	-2.4%
1,028	2,946	2,908	2,948	1,025	2,942	2,903	2,928	-0.3%	-0.1%	-0.2%	-0.7%
73,871	164,986	335,996	133,809	65,482	147,066	314,977	116,527	-11.4%	-10.9%	-6.3%	-12.9%
0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
1,644	5,184	5,744	5,158	1,884	10,569	13,920	8,618	14.6%	103.9%	142.3%	67.1%
56,973	123,760	218,890	137,458	51,132	120,812	206,435	132,621	-10.3%	-2.4%	-5.7%	-3.5%
12,547	38,916	37,123	38,590	12,363	38,234	36,395	37,977	-1.5%	-1.8%	-2.0%	-1.6%
3,884	11,691	11,530	11,679	3,889	11,696	11,542	11,625	0.1%	0.0%	0.1%	-0.5%
0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
179,831	940,912	0	610,847	167,043	854,945	0	560,858	-7.1%	-9.1%	#DIV/0!	-8.2%
214,347	733,937	1,091,310	676,999	193,242	605,174	888,091	558,792	-9.8%	-17.5%	-18.6%	-17.5%
0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
8,167	11,781	21,969	12,045	7,854	11,176	21,232	11,615	-3.8%	-5.1%	-3.4%	-3.6%
381	2,416	10,320	9,403	406	3,282	12,264	11,002	6.6%	35.8%	18.8%	17.0%
3,889	15,137	40,808	28,331	4,164	19,683	55,036	35,179	7.1%	30.0%	34.9%	24.2%
40	76	656	98	69	192	1,633	185	72.5%	152.6%	148.9%	88.8%
16,771	153,825	640,217	531,269	16,556	179,106	828,836	633,438	-1.3%	16.4%	29.5%	19.2%
36,606	95,208	264,051	250,751	39,134	101,023	289,566	261,150	6.9%	6.1%	9.7%	4.1%
23,890	38,334	80,439	29,251	27,452	46,817	84,317	35,111	14.9%	22.1%	4.8%	20.0%
605	3,140	5,154	4,869	676	3,776	5,671	4,914	11.7%	20.3%	10.0%	0.9%
28,660	158,476	161,859	142,916	28,859	193,313	195,307	169,329	0.7%	22.0%	20.7%	18.5%
1,830	4,501	14,943	13,802	1,395	5,139	21,526	18,952	-23.8%	14.2%	44.1%	37.3%
52	293	1,549	1,409	0	0	0	0	-100.0%	-100.0%	-100.0%	-100.0%
586	2,945	10,081	8,279	515	1,648	7,802	6,642	-12.1%	-44.0%	-22.6%	-19.8%
227	228	227	229	160	164	164	164	-29.5%	-28.1%	-27.8%	-28.4%
299	335	337	335	23	41	41	41	-92.3%	-87.8%	-87.8%	-87.8%
64	163	729	727	45	113	632	632	-29.7%	-30.7%	-13.3%	-13.1%
0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%
1,677	4,346	9,118	7,705	597	2,629	6,480	5,385	-64.4%	-39.5%	-28.9%	-30.1%

* Programs that have claims paid by premiums or gross level adjustments will report zeros because the components needed to count are not populated on those claim types Transportation will only show the emergency trips as the broker will contain the non-emergent trips

**Member months are reflected in place of patients.

Appendix G:

SCDHHS PMO Overview: Support for the Department Medical and Managed
Care Services



SCDHHS PMO Overview: Support for the Department Medical and Managed Care Services

Rhonda Morrison & Michael Collisi
December 6, 2011

PMO Functions

- Provide project support for the Department ensuring projects link to the Department's goals:
 - Estimate ROI/Impact; Budgets
 - Develop plans and schedules
 - Provide status updates
 - Maintain change control
 - Provide project repository (transparent)
 - Track and report on issues, risks

PMO Functions

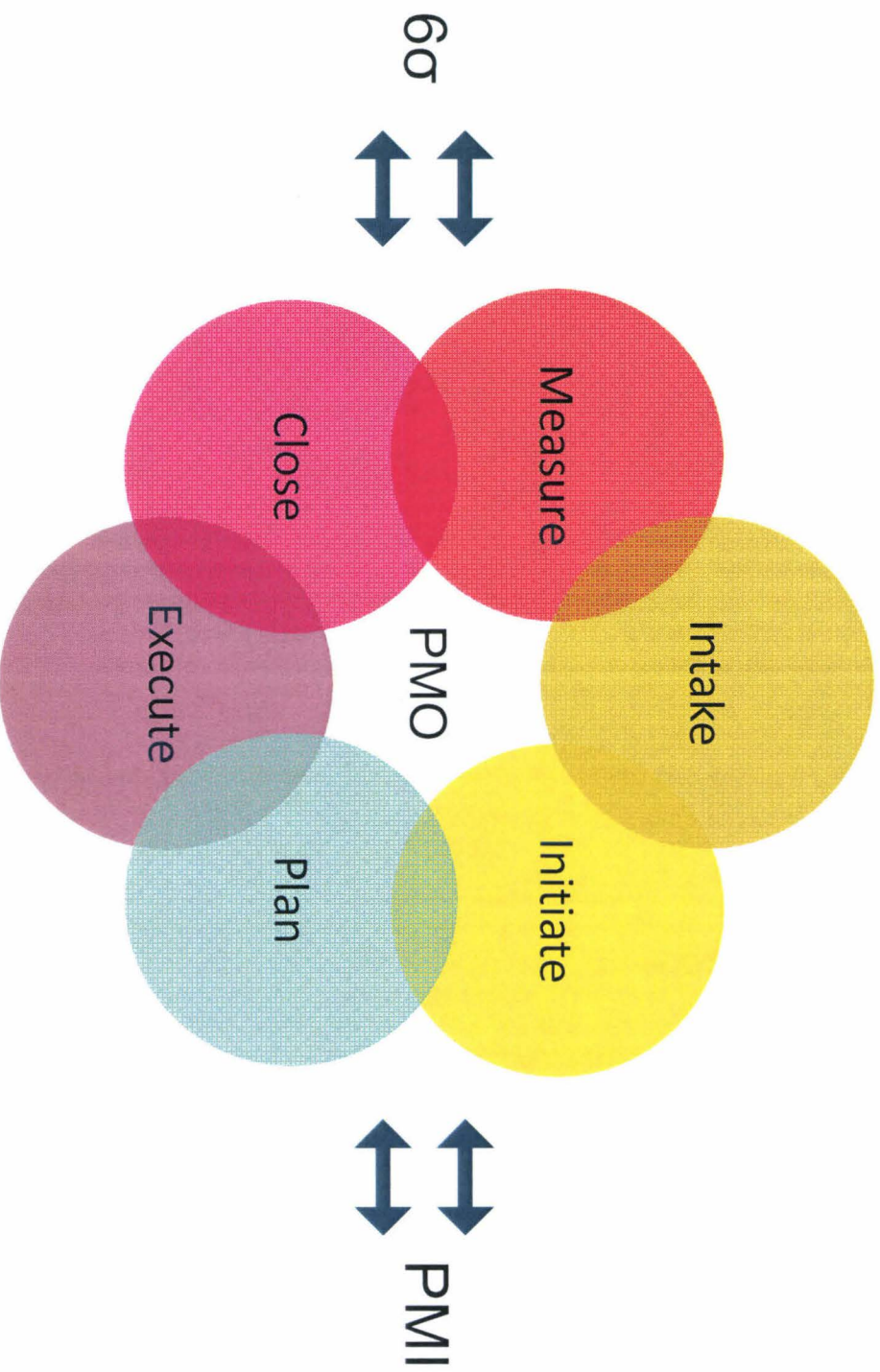
- Provide processes, standards and methodologies for projects; Establish and utilize repeatable processes.
- Coordinate communication across multiple business units; NO SILOS.
- Perform post implementation reviews and lessons learned.

PMO Functions

What does this mean to you?

- All of your projects will be in a common Repository
- You will have your own SharePoint site for each project you have
- Project Manager Assigned
- Assistance with approval process
- Support for reporting , status, risks etc.
- Measurement and back end analysis

PMO Project Lifecycle



Project Lifecycle Goals

- Transparency
- Traceability
- Accountability
- Prioritization
- Reporting Capabilities
- Standardized Documentation
- Resource Management



Project Request Form

Project Name

Date Submitted 11/15/2011 

Requestor First Name *

Requestor Last Name *

Requestor Phone Number *

Requestor email *

Backup email

Supervisor First Name *

Supervisor Last Name *

Supervisor Phone Number *

Supervisor Email *

Program Area *

Short Description of Project *

Reason for Project *

Consequences If Project is not Done *

Will this project require a change request Select... *

Is the project mandated by:
(Check all that apply)

- ☐ Legislation
- ☐ Federal Regulation
- ☐ CMS
- ☐ None
- ☐ Other

Submit

Close

Site Actions

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January Stewart

Six Sigma Test > PMO Project Repository > PMO View

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☐ Project Number
Count= 8

Project Number	Project Name	Form	Phase	Sub Phase	Status	Project Manager	Project Analyst	Project Files
1111144	PMO Project Lifecycle	2011-11-08T14_07_06	Closed		Closed	Michael Collisi, January Stewart	Joe Analyst	https://scm.clemson.edu/testArea/1111144/
1111154	PMO Governance	2011-11-10T10_24_01	Submitted					
1111155	Therapy PAs	2011-11-10T10_28_23	Accepted				Joe Analyst	https://scm.clemson.edu/testArea/1111155/
1111156	Bogus Project	2011-11-10T10_31_31	Rejected				Jane Analyst	
1111157	Reduce the Number of Rejected Claims: Edit 722	2011-11-10T10_39_48	PGT Review	Reading 1			Joe Analyst	https://scm.clemson.edu/testArea/1111157/
1111158	DME PA Process Improvement	2011-11-10T10_47_43	Executing		Green	Michael Chowning	Jane Analyst	https://scm.clemson.edu/testArea/1111158/
1111159	Greenville Waiting Room project	2011-11-10T10_52_06	Closing	Back-end Analysis	Green	Mel Carlyle	Jenny Analyst	https://scm.clemson.edu/testArea/1111159/
1111160	ESPT	2011-11-15T13_15_29 NEW	Submitted					

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